

Lake Washington High School Girls' Basketball Booster Club

Little Kangs Basketball Camp

For **Boys** and **Girls** entering grades 1-3

All levels welcome!

June 25, 26 & 27, 10 am—noon

Have fun this summer with the players and coaches of
LWHS Girls Basketball!

Skills covered during camp include passing, dribbling, shooting, agility,
mini tournaments for game-like experience and much, much more.

\$125 per camper

(\$175 per Family)

Includes: Camp T-Shirt and
instruction by LWHS Coaches & Players.
Campers should bring a
snack and a water bottle each day.



Make Checks Payable to:

LWHS Girls Basketball Booster Club

Questions? Email: LWHSGirlsBB@outlook.com

Limited space available

Complete the registration form on the back of this page and
mail early to hold your spot

Little Kangs Basketball Camp Registration Form

Camper Name _____ Age _____ Gender: M / F

Grade Fall 2019 _____ Your School Fall 2019 _____

T-Shirt Size: Youth S M L XL (circle)

Allergies, medical conditions or limitations (please be specific):

Parent / Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Secondary Emergency Contact [after parent/guardian listed above]

Name _____ Phone _____

Mail this completed Form and check payable to:

LWHS Girls' Basketball Booster Club
4012 173rd Ct NE, Redmond, WA 98052

I hereby authorize the coaches of the Junior Kangs Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with my child's attendance at camp. Costs For treatment of injuries or hospitalization For illness or injuries incurred during camp will be the responsibility of the parent or guardian of the camp participant.

I hereby waive and release the Lake Washington Girls Basketball organization, Lake Washington High School, LWHS Booster Club, Junior Kangs Basketball Camp and all directors, coaches, and instructors from liability arising from my child's participation at the camp, and I know of no mental or physical conditions which might affect my child's ability to safely participate in this camp. Any allergies or limitations are listed above.

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Parent / Guardian Signature _____ Date _____