

# Future Warriors 2023



## Girls Basketball Camp

June 21st, 22nd, 23rd (9:00-12:00)

Join us for this 3-day camp focused on skill development. The camp will be run by high school coaches and players. Registration includes daily snacks and a T-Shirt.

### Skills Emphasized at the Camp:

- Dribbling
- Shooting
- Passing
- Rebounding
- Defense
- Team Play

### Sample Daily Schedule:

- \* 9 am Warm-ups/  
Stretching
- \* 9:15 Ball Handling  
Fundamentals
- \* 9:45 Water Break
- \* 9:50 Station Work
- \* 10:35 Individual Contests  
(Bump/Free Throws/  
Dribbling)
- \* 10:55 Water Break
- \* 11am Fundamental Work  
(Defense/Team Drills)
- \* 11:30 Team Contest
- \* 12 Noon Dismissal

### Who May Attend:

⇒ Any girl between who will be in 3rd-8th Grade (to start the 2023-2024 school year).

### Location:

⇒ Philomath High School Gymnasium

### What to Bring:

- ⇒ Basketball Shoes (Clean)
- ⇒ Athletic Shorts & T-Shirt
- ⇒ Water Bottle

### Cost:

⇒ \$60 pre-registration (by June 16th); \$75 day of event

*Make checks payable to PHS Girls Basketball.*

Contact Ben Silva at: [ben.silva@philomath.k12.or.us](mailto:ben.silva@philomath.k12.or.us) with any questions.

Completed forms can be return to Ben Silva at Philomath High School or Philomath Middle School.

*All proceeds will go to benefit the Philomath High School Girls Basketball Program.*

**PHILOMATH SCHOOL DISTRICT ACTIVITY/SPORTS CAMP  
LIABILITY WAIVER—INDEMNIFICATION FORM—INSURANCE INFORMATION**

The purpose of the warning to bring to your attention the existence of potential dangers associated with participation in this sports camp or activity. Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressly assuming all the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that my r child or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my child or I may have or accrue to me or my child as a result of participating in this activity against the Philomath School District, Philomath High School or anyone associated with this activity; including the officials, agent affiliates, volunteers, employees and sponsors.

I do hereby fully release and forever discharge the Philomath School District and Philomath High School including their officials, agents, affiliates, volunteers, employees and sponsors of any and all claims of injury, damages or loss that my child or I may have, or which may accrue to me or my child and arising out of, connected with, or in anyway associated with this activity.

I do hereby authorize the instructors of this camp to act on my behalf authorizing any reasonable and necessary medical care, including medicine, for the benefit of that child should the child become ill or injured during the time that the coaches or sponsors are supervising or working with my child during the camp, and if I, or the emergency contact listed below, are unable to be contacted at the listed phone numbers.

**PHS Girls Basketball CAMP REGISTRATION**

**June 21st - June 23rd (9:00-12:00)**

Please return this completed form and the registration fee to Coach Silva @ Philomath High School or Philomath Middle School

Cost: \$60 if signed up before June 16th; \$75 Day of Registration. Make checks payable to *PHS Girls Basketball*.

Participant's Name \_\_\_\_\_ DOB (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or legal guardian)

**Medical Information:**

Does this child have any limitations, allergies, or other significant medical condition? Yes / N

*If yes, please explain:* \_\_\_\_\_

Primary Doctor's Name and Phone Number \_\_\_\_\_

Medical Insurance Program and ID# \_\_\_\_\_

\*\*\*\*\***Shirt Size** (men's sizes) **YS YM YL Small Medium Large XL**\*\*\*\*\*

*Our "default size" for those who do not mark this section is SMALL*