



YUMA INDIANS BOYS AND GIRLS BASKETBALL CAMP

Camp age: K-6TH GRADE BOYS AND GIRLS

Camp Dates: Tuesday Nov. 1st and Wednesday Nov. 2nd

TUESDAY SCHEDULE

4:00-5:00(K-3rd)YMS GYM (COED)

5:00-6:30(4th-6th) Girls YMS GYM

5:00-6:30(4th-6th) Boys YMS GYM

WEDNESDAY SCHEDULE

6:00-7:00 (K-3rd)YMS GYM (COED)

7:00-8:30(4th-6th) Girls YMS GYM

7:00-8:30(4th-6th) Boys YMS GYM

CAMP FEATURES: INDIVIDUAL CLINIC PUT ON BY HEAD COACHES DAVE SHEFFIELD 970-324-3734 AND BOB RAHM 970-630-3396, AS WELL AS CURRENT PLAYERS ON THE YUMA HIGH SCHOOL BOYS' AND GIRLS' BASKETBALL TEAM.

NO COST FOR THE CAMP

REGISTRATION FORM (Bring to first day of camp)

NAME _____ Parent's/Guardian's Name _____

MAILING ADDRESS _____ City _____ ST _____ Zip _____

PHONE _____ GRADE (FALL '16) _____

I HEREBY ACKNOWLEDGE THE HEALTH OF MY CHILD TO BE READY FOR THE ACTIVITY OF BASKETBALL CAMP AND AUTHORIZE THE DIRECTORS TO SECURE EMERGENCY TREATMENT DEEMED NECESSARY. I HEREBY RELEASE CAMP PERSONNEL AND YUMA MIDDLE SCHOOL FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED BY MY CHILD WHILE ATTENDING BASKETBALL CAMP.

Parent/Guardian signature _____ Date _____



YUMA INDIANS BOYS' AND GIRLS' BASKETBALL CAMP

FORMULARIO de INSCRIPCION (traer al primer día de campamento)

Nombre de niño _____ Padre/Tutor _____

Dirección _____ Ciudad _____ Código Postal _____

Celular _____ GRADO (Otoño 2016) _____ (1st; 4th, etc.)

POR LA PRESENTE RECONOZCO QUE LA SALUD DE MI HIJO ESTA BIEN PARA ESTA ACTIVIDAD DE CAMPAMENTO DE BASQUETBOL. AUTORIZO A LOS ENTRENADORES O ADMINISTRACION ESCOLAR DE GARANTIZAR EL TRATAMIENTO DE EMERGENCIA QUE CONSIDEREN NECESARIA EN CASO DE ACIDENTE. DESLIGO AL PERSONAL DE ESTE CAMPO Y LA ESCUELA YMS DE TODAS LAS RECLAMACIONES DEBIDO CUAL QUIER LESION QUE PUEDE SOSTENIDO.

Padre/Tutor (firma) _____ Fecha _____