**YOUTH GIRLS BASKETBALL CAMP**

Coach Lund, guest coaches, and camp counselors spend 90 minutes for 4 days with your young athlete(s) as we help each individual improve basketball skills, gain a better knowledge of the game, and build confidence and a positive mindset. Get ready to improve your game and have some serious fun!

- **Date:** July 15 - 18
- **Day:** Monday - Thursday
- **Location:** Nicolet High School - Gym 1
- **Fee:** $50.00R/$60.00NR
- **Min/Max:** 12/50
- **Instructor:** NHS Girls Basketball Coaching Staff

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<td>I</td>
<td>3rd - 5th (as of Fall 2019)</td>
<td>9:00 - 11:00am</td>
<td>311055-01</td>
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<tr>
<td>II</td>
<td>6th - 8th (as of Fall 2019)</td>
<td>11:00am - 1:00pm</td>
<td>311055-02</td>
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**YOUTH BOYS BASKETBALL CAMP**

Participate in drills simulating the most common situations in a typical basketball game. Learn and practice the fundamentals of offense, defense, and team work. Participants will be divided among grade level. Instructed by Al Hanson, NHS Head Boys Basketball Coach and his assistants.

- **Date:** July 8 - 11
- **Day:** Monday - Thursday
- **Location:** Nicolet High School - Gym 1
- **Fee:** $50.00R/$60.00NR
- **Min/Max:** 12/50
- **Instructor:** NHS Boys Basketball Coaching Staff

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register with:
Household Information:  Date:__________________________  Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may incur or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to save and hold harmless all claimants, my child, my or any other party liable or in any way connected with or associated with such a program, their officers, agents, servants and employees from any and all claims from injuries, damages or loss which I/my child may incur or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to save and hold harmless all claimants, my child, my or any other party liable or in any way connected with or associated with such a program, their officers, agents, servants and employees from any and all claims from injuries, damages or loss which I/my child may incur or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I further agree to indemnify, hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of all claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand that my child cannot return to practice/play without the written clearance from an appropriate health care provider to his/her coach.

Signature____________________________________________________________  Date_______________

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature____________________________________________________________  Date_______________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature _________________________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box