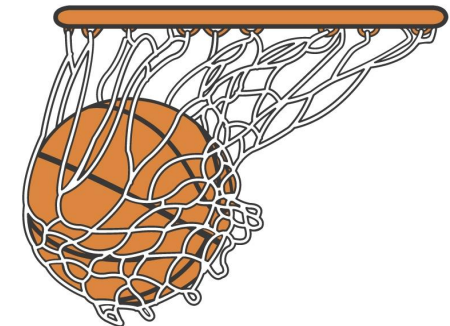




CASCADE YOUTH
COUGAR BOYS
BASKETBALL
SKILLS/DEVELOPMENT
CAMP

AUGUST 5TH & 6TH, 2022



| | |
|---|---|
| Circle Session (Price - 50\$) | |
| Session 1 (Grade: 1st-4th) August 5th-6th 10am-12:30pm | Session 2 (Grade: 5th-8th) August 5th-6th 1:30pm-4pm |
| Name (first, last): | |
| Birth Date: | Grade in Fall: |
| Address: | |
| City: | Zip: |
| Emergency Contact: | |
| Relation: | |
| Number: | |

All Checks Made Out To:
Cascade HighSchool

Any Questions?
Please Email Coach Molan
cmolan@cascade.k12.or.us

WHO?

All boys in grades 1st-8th in the Fall of 2022.

When?

Session 1 (Grades 1st-4th):
August 5th-6th 10am-12:30pm

Session 2 (Grades 5th-8th):
August 5th-6th 1:30pm-4pm

Where?

Cascade High School
10226 Marion Rd SE, Turner

What to bring?

Camp participants will need to wear a pair of basketball shoes or tennis shoes if they don't have them, a water bottle and a great attitude!

What to Expect?

Participants will be in sessions based on age. There will be leaders from the Boys High School Varsity Team present as well to help and demonstrate. Campers will work on skill development, fundamentals and important concepts of the game! These skills will include all the core fundamentals such as ball handling, passing & pass fakes, shooting form & footwork, and much more!

How to pick a session?

We chose to do two sessions this year to help provide all campers with more individual attention and feedback. Please select session one if your camper is in grades 1st-4th. And session two will be for campers in grades 5th-8th.

Camp Directors

Varsity Head Coach: Calvin Molan

Assistant Coaches:

Adam Kenaston, Travis Newton & Larry Gilbert

RELEASE OF LIABILITY

As parents or guardians, we understand that participation in any sports involves the assumption of certain risks of injury. I hereby register my child for this camp and authorize the staff to direct him/her in participation of camp activities. I know of no psychological or physical problems that may affect his/her ability to safely participate in the camp. I understand that it is my responsibility to inform the Camp direction of any conditions or special needs he/she may have.

I/We hereby fully release and hold harmless the Camp, its directors, the school districts and/or facilities, Camp staff, agents of the Camp, and agents of each facility from any liability that may arise from child's participation in the camp.

Participant, _____, has my/our permission to participate in training, completion, events, and all camp activities sponsored by each institution. I recognize that the leaders are serving to the best of their abilities. I certify that the participant has full medical insurance with the company listed below. I/we will assume full financial responsibility for the bills incurred through my insurance company _____.

If, during the course of my child's activities in hoops camp, he/she should become ill or sustain an injury, I hereby authorize the Camp director and/or agents of the camp to obtain emergency medical/dental care. In the absence of a parent/guardian signature, payment of camp fee and participation in the activities shall constitute acceptance of conditions set forth in this release.

Parent Name (print): _____

Signature & Date: _____