



2018
MARS GIRLS' BASKETBALL
CAMP

TO ALL GIRLS ENTERING GRADES 3 through 8:

The Mars Varsity Girls' Basketball Boosters would like to invite any girl interested in improving her basketball skills to our 2018 Summer Basketball Camp. This year's camp is scheduled at Mars Area High School the week of **August 6 through August 9**. Camp sessions will introduce and reinforce the girls to the fundamentals of basketball, allow them to develop their basketball skills, and give them the opportunity to interact with the Lady Planets varsity players and coaching staff.

WHEN: Monday, August 6, through Thursday, August 9, 2017

TIME: 9:00 a.m. to Noon

WHERE: **Mars Area High School**

COST: \$95 per player camper

Siblings: \$85 per camper (2 sisters = \$170; 3 sisters = \$255)

PAYMENTS: Checks can be made out to **Mars Girls Basketball Boosters** and mailed with Registration/Waiver Form.
Please register by July 21, 2018

MAIL TO: Mars Girls' Basketball Boosters
c/o Lisa Kramm
1773 Independence Way
Valencia, PA 16059

All Campers will receive Tee-Shirt and Basketball

QUESTIONS: Please e-mail dpetruska@hotmail.com

This correspondence is being circulated as a community service at the request of a non-school organization. This information and/or activity is not associated with Mars Area School District. Any questions or correspondence should be directed to the activity coordinator using the contact information provided.

REGISTRATION FORM
(PLEASE RETURN WITH PAYMENT)

Camper's Name _____

Grade 2017-18 _____ School _____

Address _____

Home Number _____ Cell Number _____

Email _____
{Please write very clearly}

Emergency Contact Name/Number _____

Name of Physician _____ Phone Number _____

Insurance Carrier _____ Policy Number: _____

SHIRT SIZE (please circle) **Youth:** L **Adult:** S M L

MARS GIRLS' BASKETBALL CAMP WAIVER

Parents: Please read and Sign:

I agree to allow my daughter to participate in the Mars Girls' Basketball Camp and certify that she is physically able to participate in basketball related activities. I understand that the Mars Area School District is not responsible for any injury that may occur and I release the camp staff to act according to their best judgment in case of emergency. In case of any medical conditions that the camp staff needs to be made aware of, I will provide the information in writing.

Signature _____

Medical Conditions:
