

## 2019 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 2019 Summer Basketball Camp. This year's camp is scheduled at Mars Area High School the week of <u>August 5 through August 8</u>. 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 5, through Thursday, August 8, 2019

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, 2019

MAIL TO: Mars Girls' Basketball Boosters

c/o Grant Winters 118 Clarks Lane Mars, PA 16046

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 2019-20 school year   | School                                      |   |                               |                  |   |
| Address   |   |   |                               |                  |   |
| Home Number   | Cell Number                                 |   |                               |                  |   |
| Email   |   |   |                               |                  | <del></del>                               |
| 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' Ba  | <u>SKETBA</u>                               | LL CAMP WAIVE   | <u>ER</u>                     |                  |   |
| Parents: Please read and Sign:  |   |   |                               |                  |   |
| I agree to allow my daughter to particicertify that she is physically able to particicertify that she is physically able to participate and that the Mars Area School may occur and I release the camp staff case of emergency. In case of any medimade aware of, I will provide the information. | rticipat<br>District<br>to act a<br>cal con | e in basketbal<br>t is not respon<br>according to th<br>ditions that th | l relat<br>sible :<br>ieir be | ed act<br>for an | tivities. I<br>y injury that<br>lgment in |
| Signature   |   |   |                               |                  |   |
| Medical Conditions:   |   |   |                               |                  |   |
|   |   |   |                               |                  |   |
|   |   |   |                               |                  |   |