



2018 MEDICAL LAKE HIGH SCHOOL BOYS BASKETBALL SUMMER PROGRAM

BOYS BASKETBALL PLAYERS/PARENTS!

If your son is entering 8th through 12th grade in 2018, we invite you to attend our summer basketball program. The off-season is an outstanding time to improve your individual fundamental skills. While participating during the summer is not a requirement to play during the winter, it benefits both player and program by improving player development and increasing synergy within the program. In addition to the tournaments listed below, we offer several practices in which we will have our coaches teaching fundamentals to help players to continue to grow. To cover the tournament fees we ask that each player pay the listed price below. To ensure we have enough players for each tournament please indicate the tournament you will be participating in on this permission form. Any remaining balance for the tournament fees will be covered by our fundraising budget. Please note that the tournament fee **MUST** be paid for at the High School office and the permission form must be turned in during payment no-later-than **June 5, 2018 or sooner**. Please note that coaches are **NOT** allowed to collect money. If you have any questions, please contact Coach Hachtel at 210-355-7680 or nhachtel@mlisd.org.

My son _____ has my permission to participate in the 2018 Medical Lake High School Boys Basketball Summer Program to be held from June 1st - July 31st, 2018.

In case of an emergency, Medical Lake School District has my permission to obtain medical treatment for my child.

My child has the following allergies or other health related issues (describe): _____

Medications: _____
 Doctor's name and address: _____

I can be reached at: _____ between 8:00AM and 7:00PM. Alternate Phone Number: _____
 Health Insurance Company: _____ Policy Number: _____

I understand the Medical Lake School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating during this summer program.

In the event of illness or accident, I authorize the Medical Lake School District personnel responsible for this activity to approve medical emergency care.

Although I understand that the Medical Lake School District will make a reasonable effort to provide a safe environment, I am fully aware of the potential hazards and risks associated with participating in this activity. With this knowledge I expressly release and hold harmless the Medical Lake School District, their employees, agents, or volunteers from any liability associated with this summer program.

Signature of Parent or Guardian _____ Date _____

Grade entering 2018: _____
Please indicate the tournaments you wish to participate in:

- June 14-15 - The Renaissance Tournament at The Warehouse (\$30) _____
- June 25-28 - Ilwaco Camp (Invite Only) 2 Teams (10 player max per team) (\$120) _____
- July 6-8 - Eastern Washington Camp (\$50) _____
- July 13-15 - HUB Summer Slam (\$30) _____
- July 27-29 - Medical Lake Summer Fest (\$0) _____



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JUNE 2018

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|----------------------------|----------------------------|----------------------------|--|--|------------------------------------|
| | | | | | 1 | 2 |
| 3 | 4 ML CAMP GRADES 2-8 | 5 ML CAMP GRADES 2-8 | 6 ML CAMP GRADES 2-8 | 7 ML CAMP GRADES 2-8 | 8 | 9 |
| 10 | 11 PRACTICE 5-7 PM | 12 | 13 PRACTICE 5-7 PM | 14 THE RENAISSANCE TOUR @ THE WAREHOUSE | 15 THE RENAISSANCE TOUR @ THE WAREHOUSE | 16 ML PICK-N-ROLL '18 3-ON-3 |
| 17 | 18 PRACTICE 5-7 PM | 19 | 20 PRACTICE 5-7 PM | 21 | 22 PRACTICE 5-7 PM | 23 |
| 24 | 25 ILWACO CAMP | 26 ILWACO CAMP | 27 ILWACO CAMP | 28 ILWACO CAMP | 29 | 30 HOOPFEST '18 3-ON-3 |