

# **INGLEMOOR BOYS BASKETBALL CAME**

## Monday June 26 through Thursday June 29, 2023

### **INFORMATION**

- 6th through 9th grades (entering fall of 2023)
- Cost \$60 (payment made out to IHS Boys Basketball)
- Every camper enrolled by June 1 gets a t-shirt

### **SCHEDULE**

• 9:00 am to 11:00 am

#### HIGHLIGHTS

Camp participants will receive: Individual offensive and defensive instruction, team offense and defense, drills, daily games

### **CAMP STAFF**

Inglemoor Head Boys Basketball Coach Greg Lowell, Staff, and IHS players Coach Lowell has 38 years of coaching and camp experience

• 35 Years as Head Coach, league playoffs 28 years, district playoffs 25 years, State tourney 6 times, Kingco Titles 2, Coach of Year 5 times

For further information contact Greg Lowell 425-408-7308 or 425-483-3929

Clip and send completed form and check to:

Inglemoor High School, attn.. ASB Bookkeeper, 15500 Simonds Rd., NE,

Kenmore, WA 98028 (payment made out to IHS Boys Basketball)

\*\*You can pay online at wa-northshore.intouchreceipting.com if you have a TouchBase username and password with the Northshore School District. Please still mail in your registration form.

NAME:			
PHONE:			
EMAIL:			
HIGH SCHOOL AREA YOU ARE IN:			
GRADE NEXT FALL:			
<b>NOTIFY IN CASE OF AN EMERGENCY:</b>			
EMERGENCY PHONE #:			
T-SHIRT SIZE(ADULT SIZES) XL	L	M	S
the Inglemoor Boys Basketball Camp may have inherent ris bruises and sprains to more severe injuries such as, but not should be given to the risks and dangers associated with at Northshore School District is neither responsible nor liable participation in this event. Northshore School District does activity and its participants. In the event it becomes necess participant, 911 may be called. Participants and their familinjury, illness or unforeseen circumstance that may arise I acknowledge that I have read and understand the abo participation in this event. I agree to hold and save har employees and assigns for any claims, suit or damages, which might result from my participation or my child's	t limited to , paraly hletic activities be for accidents, inju not provide any a ary for school dist ies are responsible ue to participation we information a mless the Norths (including but n	ysis and brain injury fore making the dec cries or medical expe- ccidental medical in. rict staff to obtain er e for all expenses inc in the basketball ca and grant permission chore School Distriction ot limited to defense	r. Careful consideration ision to participate. enses that may occur due to surance coverage for this mergency care for a rurred because of an accident, mp activities. on for my child's et, its School Board, se and indemnification)
Participant's Name (print)			
Signature		Date	
Parent/Guardian Name(print)		Cell/Work phone	
Parent/Guardian Signature			Date