

## CAMP REGISTRATION

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

2018-2019 Grade \_\_\_\_\_

Shirt Size (Please Circle One):

YOUTH: S M L

ADULT: S M L XL

Please return or mail  
Camp Registration, Medical Waiver, and  
Payment to:

Shawnee Mission North High School  
Attn. Coach Martina Mihailovic (GBB)  
7401 Johnson Drive  
Mission, KS 66202

Make checks payable to:  
Old Mission Kiwanis

Coach Martina Mihailovic-Shawnee Mission North High School

7401 Johnson Drive, Mission, KS 66202

## SHAWNEE MISSION NORTH HIGH SCHOOL

### GIRLS' FUNDAMENTAL BASKETBALL CAMP



**JUNE 3-6, 2019**

Grades K-5: 8-10 AM

Grades 6-8: 11 AM-1 PM

Grades 9-12: 2-4 PM

### SKILLS EMPHASIZED AT THE CAMP:

- ✓ Ball Handling
- ✓ Passing
- ✓ Shooting
- ✓ Footwork
- ✓ Defense
- ✓ Team Play



Campers will have opportunities to participate in competitions and interact with the Lady Indian players. The camp will provide lots of learning and fun!!!



### CAMP INFORMATION

**June 3-6, 2019**  
**Grades K-5: 8-10 AM**  
**Grades 6-8: 11 AM-1 PM**  
**Grades 9-12: 2-4 PM**

**\*Check in at SMN Fieldhouse Gym\***

### ALL CAMPERS WILL RECEIVE:

CAMP T-SHIRT  
CAMP CERTIFICATE  
AWARDS FOR COMPETITIONS

### Camp cost:

Grades K-5: \$65  
Grades 6-8: \$75  
Grades 9-12: \$85

For more information, please contact:

Head Girls Basketball Coach  
Martina Mihailovic  
Email: [martinamihailovic@smsd.org](mailto:martinamihailovic@smsd.org)

### Medical Waiver

I hereby state my child \_\_\_\_\_ is in good health and has my permission to participate in all SMN Girls Basketball Camp activities. I authorize the staff of the camp to provide emergency first aid in the event of sickness and injury. I also, give my permission for the coach/sponsor to sign for me in the event that emergency treatment, hospitalization, and/or surgery required. I understand I am financially responsible for any medical bills incurred by my child while at the 2019 SMN Girls Basketball Camp.

My signature below hereby releases the camp, camp sponsors, camp workers, and camp volunteers, from any and all liability and any manner of actions, suits, damages, claims, and demands on account of personal injury arising from my child's participation in the camp.

Please list any medical conditions the camp volunteers should be aware of during camp.

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

