

FALL BASKETBALL CAMP

Shooting & Post

This fall Fox Valley Hustle Girls' Basketball Program will be hosting several clinics for 4th-8th grade basketball players. These sessions are open to any girls' basketball players and will be held at Little Chute High School. Below is a list of dates the camp will be held:

| Shooting/Post Camp (4th – 8th Grade) |
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| <p>September 13, 20, & 22 October 4, 6, & 11 6-7:30 PM @ Little Chute High School</p> <p>September 27 6-7:30 PM @ Greenville Middle School</p> <p>Coaches: Joe Russom – Appleton North High Varsity Coach Parish Webster – Little Chute Varsity Coach</p> <p>Cost \$50</p> |

Checks must be made payable to the Fox Valley Hustle Girls' Basketball Club

All questions and registration forms may be directed to:

Fox Valley Hustle Girls' Basketball Club
Attn: Joe Russom
2340 Brantwood Drive
Neenah, WI 54956
(920) 378-2183
foxvalleyhustle@sbcglobal.net

FALL BASKETBALL CAMP
Shooting & Ball-Handling

ATHLETE'S INFORMATION

Player's Name: _____ Date of Birth: / / _____
Address: _____ Current Grade: _____
City/State: _____ Height: _____
Zip: _____ High School: _____
Home Phone: _____ Position(s): PG Wing Post
Cell Phone: _____ Father's Name: _____
Email (Primary): _____ Mother's Name: _____
Email (Secondary): _____

ATHLETE CONSENT FORM

I HEREBY REQUEST AND CONSENT THAT MY CHILD, WHILE A PATRON AT THE VARIOUS GYMS THAT ARE PART OF THE SCHEDULED PROGRAMS UNDER THE JURISDICTION OF FOX VALLEY HUSTLE GIRLS' BASKETBALL CLUB, BE PERMITTED TO PARTICIPATE IN ONE OF THESE PROGRAMS.

I UNDERSTAND THAT THIS ACTIVITY IS CARRIED ON UNDER THE RISK FOR PARTICIPANTS ABOUT ALL INCURRED INJURIES WHILE PARTICIPATING IN THE FOX VALLEY HUSTLE GIRLS' BASKETBALL CLUB.

THEREFORE, I, THE UNDERSIGNED, DO HEREBY WAIVE ALL CLAIMS THAT I MAY HAVE OR MAY HAVE HEREAFTER, AGAINST THE COACHES, SUB DIRECTORS, DIRECTOR, OWNER(S) OF THE FACILITIES WHERE THE INJURY OCCURRED, THE FOX VALLEY HUSTLE GIRLS' BASKETBALL CLUB, FOR INJURIES MY CHILD MAY INCUR WHILE PARTICIPATING IN ONE OF THESE PROGRAMS.

I HEREBY GIVE CONSENT/PERMISSION FOR MY CHILD, WHILE A PARTICIPANT IN ONE OF THE FOX VALLEY HUSTLE GIRLS' BASKETBALL CLUB, BE GIVEN MEDICAL TREATMENT IN MY ABSENCE AT ANY HOSPITAL, MEDICAL CLINIC, BY ANY QUALIFIED PHYSICIAN, OR ANY OTHER QUALIFIED MEDICAL PERSON IN CASE OF AN EMERGENCY.

I UNDERSTAND THAT REGISTRATION FEES WILL AND THAT REFUNDS ARE NOT GRANTED ONCE THE SEASON HAS BEGUN AND/OR DEADLINE HAS PAST.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO ATHLETE

DATE SIGNED