

2009 Fort Madison Youth Girls Basketball Camp

Who: Fort Madison CSD Girls Grades 4-8 (2009/10 school year)

When: June 9-11, Grades 7 & 8 / 8:15 a.m.-10:30, Grades 4-6 / 10:30 a.m.-12:30

Where: Fort Madison High School Gymnasium/Multipurpose Room

Cost: \$15 per camper if envelope postmarked by May 30th, \$18 if postmarked after or at the door. Additional family members will be \$10 each. Cost includes camp instruction and shirt*.

*Registrations postmarked after May 30th are NOT guaranteed a t-shirt

This is an annual camp that will be directed by the Fort Madison Girls' Basketball Staff and players. Fundamentals and program strategy will be stressed throughout the camp. Campers will also participate in competitions. Camp starts designated time shown above and campers can arrive a maximum of 15 minutes before camp and are to be picked up within 10 minutes of the conclusion of their session. If you have any questions please feel free to contact the director.

**Fort Madison High School Head Varsity Basketball Coach/Teacher/Camp Director
Mike Volquardsen**

MS – West Virginia University, 2009 BA – Iowa Wesleyan College, 2002
(319) 372-1862, ext. 1244 (FMHS) or Mike.Volquardsen@ft-madison.k12.ia.us

Please detach and mail the below registration form and check for payment to:

Fort Madison High School, Attn: Mike Volquardsen, 2001 Ave. B, Fort Madison, IA 52627-2497

2009 Summer Fort Madison CSD Girls Basketball Camp Registration Form

Name: _____ **2009/10 Grade:** 4 5 6 7 8

Address: _____

Home Phone #: _____

Parent/Guardian Name(s): _____

Attendance Center (circle one): Denmark Lincoln Richardson Middle School

Emergency Contact Names and Phone #'s (must be available during camp times):

Adult Shirt Size: S M L XL

Check #: _____

Medical Consent/Agreement to Participate

We/I the parent(s)/guardian of understand that the participation in this camp could result in injury of temporary or permanent type to my/our child. We/I give consent for our coaches, trainers, and physicians to use their own judgment in securing medical aid and ambulance service in case the parent/guardian cannot be reached. We/I also verify that my child is covered by health and accident insurance. We/I also understand the inherent dangers of participating in basketball/exercise. Inherent risks include, but are not limited to, injuries of the head, bones, muscles, catastrophic injuries and can occur from falls, equipment or contact with others. Athletes and guardians will inform the staff members of health-related issues that will affect the ability of the athlete to participate. Furthermore, by signing below, it is understood that participation is voluntary.

Parent/Guardian Signature: _____

Athlete(s) Signature: _____

Please list any medical conditions of which the staff needs to be aware (these will be kept confidential among the adult staff members):