



SAMMAMISH HIGH SCHOOL  
**BOYS & GIRLS**  
SUMMER BASKETBALL CAMP  
JULY 28<sup>TH</sup> – 31<sup>ST</sup>

Incoming Grades 2-5  
9:00am – 12:00 noon

Incoming Grades 6-8  
12:30 – 3:30pm

Sammamish HS Main Gym

This is a great opportunity for kids to interact with the High School Coaching Staff and Varsity players as they work on improving their fundamental basketball skills in a fun and challenging environment. Plenty of games and prizes; come join us in the fun! Players should bring a drink.

[Sammamishtotems.org](http://Sammamishtotems.org)

**CAMP REGISTRATION FORM**

Please remove the lower portion of this flyer and submit with a \$100 check (scholarships available) to:  
Sammamish Totem Hoops, 1039 159<sup>th</sup> Place SE, Bellevue, WA 98008  
Direct all inquires to Coach Wes Newton at [wnewtoniii@yahoo.com](mailto:wnewtoniii@yahoo.com) or 425-269-3171

\_\_\_\_\_

Player Name

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Incoming Grade & Shirt Size

\_\_\_\_\_

Phone Number/Email

\_\_\_\_\_

Hospital in event of emergency

\_\_\_\_\_

Emergency Contact Name & Phone

**Parent/Guardian Permission:** I herby give my child permission to participate in the Sammamish HS Totem Hoops Summer camp. I also consent to any medical treatment by a physician or hospital in the event of an emergency. We will not hold Sammamish HS and its personnel, Sammamish HS Totem Hoops Summer camp, members of its board, coaches or volunteers responsible for injury to our child or damage to his property which may occur while participating in the camp.

**CONSENT TO MEDICAL CARE & TREATMENT:** I, \_\_\_\_\_ (Parent/Guardian) authorize all medical, surgical, diagnostic or hospital procedures as may be performed or prescribed by a treating physician for \_\_\_\_\_ (Players name from above) if I cannot be reached in case of an emergency.

\_\_\_\_\_

Signed by Parent/Guardian

\_\_\_\_\_

Physician Name