

Announcing Spring / Summer 2019 Sport Camps

Marysville Pilchuck High School

Don't miss out on this great opportunity!

TBC Camp Objectives



- Improve individual & team (where appropriate) fundamentals in a fun environment
- Offensive & defensive team play/systems
- Knowledge of individual workouts for improvement of skills
- Specialized training for advanced athletes by position
- Opportunity to interact with athletic coaching staff
- Some camps... plyometric / weight training techniques
- For more specifics, check w/individual coaches

IMPORTANT NOTICE:

“This is not a School District sponsored event. The Marysville School district has neither reviewed nor approved the program, personnel, activities, organizations announced in this flyer, and undertakes no responsibility to supervise these events. Participation in this event or activity by any Marysville School District employee is on his/her own time and behalf, and not as part of their employment with the district. Such participation or permission to distribute this flyer should be considered a recommendation or endorsement of the program by the district. In consideration of the privilege to distribute these materials, the Marysville School District shall be held harmless from any cause or action or claim arising out of the events or activities advertised in these materials, including all costs, attorney fees and judgments’ or awards.”

Payment/Registration: Pre-register online at www.mpcamps.com or by mail with a check. Cash/Check accepted at the door. *Checks payable to TBC.*

The registration table will open 30 minutes prior to the start of camp session. A parent signature is required either digitally online or on a form for participants under the age of 18. Flyers available at the door, but they can also be printed at www.mpcamps.com and sent with the athlete to camp.

PLEASE MAIL TO:

Sport Camps Registrar
1509 6th Street PMB 230
Marysville, Washington 98270

Liz Dobler—Camp Coordinator
Phone: 425-327-2678
E-mail: Mphs.tbc.treasurer@gmail.com



Registration Form on Back

Spring 2019 Sport Camp Registration

Sign Up For: Put a check mark next to the session(s) you want to attend

Football: MPHS Quil Ceda Stadium

- (Incoming 10th -12th) May 30, 31 June 3-6 & 10,11,13,17,19-21 3:00pm – 5:00 pm \$35.00
- (Incoming 9th grade) June 3-6, 10,11, 13 4:00pm – 6:00pm \$35.00

Volleyball: MPHS Gym

- (Incoming 9th-12th grade) June 3-5 3:00pm – 5:00pm \$55.00
- (Incoming 4th- 8th grade) June 3-5 5:30pm – 7:00pm \$40.00

Boys Basketball: MPHS Gym

- (Incoming K-4th grade) June 24 & 25 9:00am – 10:30am \$25.00
- (Incoming 5th-9th grade) June 24 & 25 11:00am – 12:30pm \$25.00

Girls Basketball: MPHS Gym

- (Incoming K-4th grade) June 26-27 9:00am - 10:30am \$25.00
- (Incoming 5th-12th grade) June 26-27 11:00am - 12:30pm \$25.00

Girls Soccer: MPHS Quil Ceda Stadium

- (Incoming 7th – 12th grade) June 4-6 6:00pm – 8:00pm \$30.00

Boys & Girls Tennis: Totem Tennis Courts

- (Incoming 6th – 12th grade) June 11 & 13 3:15 - 5:00pm \$30.00

Girls Wrestling: MPHS Wrestling Room

- (Incoming 4th – 12th grade) June 8th 10:00am– 2:00pm \$20.00

Boys Wrestling: MPHS Wrestling Room

- (Incoming 6th – 12th grade) July 2 & 3 10:00am– 2:00pm \$20.00

Name: _____

Parent/Emergency Contact:

Address: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Parent Email: _____

Physical Restrictions: _____

Relationship to student: _____

Grade in Fall: _____ (determines which session)

T-Shirt Size – YS YM YL YXL AS AM AL AXL (Free T-Shirt included in some sport camps)

PARENT PERMISSION FOR ATHLETIC CAMPS

In consideration of your accepting my registration, I hereby for myself, my child or children when applicable, my heirs, executors & administrators waive & release any and all rights & claims for damages I or my children may have against Marysville-Pilchuck High School, Marysville School District #25, Tomahawks Booster Club & their representatives, successors, or assignees for any & all injuries suffered by myself or my children while going to or participating in or returning from this activity. I furthermore, understand that insurance is not provided for this event & that all fees paid are non-refundable. Furthermore, I authorize all medical, surgical diagnostics & hospital procedures as may be performed or prescribed by a treating physician if I cannot be reached in case of an emergency. In the event it becomes necessary for the district staff in charge to obtain emergency care for my student, neither he/she nor the school district or Tomahawk Booster Club assumes financial responsibility incurred because of an accident, injury, illness & or unforeseen circumstances. I agree to protect, indemnify, & hold harmless the school district, it's elected & appointed officials, employees, agents, staff & Tomahawk Booster Club for all claims or loss directly attributable to the students participation in the activity, except for the sole negligence of the school district. I understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers & risks inherent in participating in these activities, including physical injury or other consequences arising from these activities. My signature below verifies mine & my child's acceptance of these conditions.

Parent or Guardian

DATE