



# Holy Names Academy Cougar Hoop Camp '10

Once again it is time to register for the annual HNA basketball camp. Join Head Coach Lee Adams, members of the HNA coaching staff, varsity team members, and alumnae this summer at Cougar Hoop Camp '10. Camp is open to any young woman entering Grades 4 through 8 in 2010 *and* to any student starting Grade 9 at Holy Names Academy in the fall. Space is limited to the first 50 campers in the Grades 4-6 camp and to the first 65 in the Grades 7-9 camp.

**The dates and times for camp are as follows:**

<b>Grades 4-6</b>	Monday-Friday	June 21-25	8 a.m. - 1 p.m.	\$175	at HNA
<b>Grades 7-9</b>	Monday-Thursday	June 28-July 1	8 a.m. - 3:30 p.m.	\$175	at HNA

We, the staff of Cougar Hoop Camp, will do our best to provide a positive and competitive learning experience for each camper. In return, it is expected that each camper will arrive on time each day with a positive and encouraging attitude—ready to listen, learn, and have fun!

Each camper should bring: Basketball shoes  
Snack, water bottle  
Grades 7-9: Light, healthful lunch  
Basketball if you have one (be sure to put your name on it)

Please return: The lower part of this **form**, a copy of your child's **health insurance card**, and your **check** (payable to Cougar Hoop Camp).

Mail to: Holy Names Academy, 728-21st Ave. E., Seattle, WA 98112.

For further information: Please call the HNA Athletic Office at (206) 720-7831.

**Registration form must be filled out completely before admission to camp.**

**No registrations will be accepted after Monday, June 7.**

**A \$100 check-processing fee will be charged for all cancellations.**

*detach here*

## Cougar Hoop Camp '10 Registration Form

Student's Name \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School in Fall \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**\*\*\*\*Please attach a copy of your child's/ward's current health insurance card.\*\*\*\***

Please note any medical conditions/allergies/reactions we should be aware of:

RELINQUISHMENT OF CLAIMS AGAINST HOLY NAMES ACADEMY ONLY I/We recognize and acknowledge that there are risks in my/our daughter's/ward's presence and participation in the above-named school-related program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Holy Names Academy including any claims of negligence on its part or on that of its officers, agents, employees, representatives or volunteers arising out of, or in connection with, the transportation to and/or from the event or any activity my/our child/ward participates in while attending the school-related program.

MEDICAL RELEASE My/our permission is hereby given to the school representative of Holy Names Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my/our daughter/ward named above.

**Parent or Guardian signature required** \_\_\_\_\_ **Date** \_\_\_\_\_