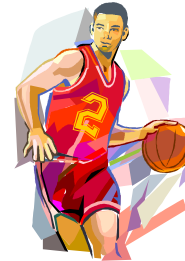




**Come join the Camas High School Basketball players and Academy coaches as they create a fun and exciting learning environment for all participants.**

**Our focus is on building basketball skills at all levels, player development and having fun. Academy T-shirts and completion certificates will be given to each participant. Special awards also be given at each session.**

**Who:** All Girls and Boys in Grades 3-8  
**When:** Sundays, January 4th, 11th, 18th and 25th  
**Time:** 5:00 - 7:00 pm  
**Where:** Skyridge Middle School Gym  
 5220 NW Parker Street Camas, WA 98607  
**Cost:** \$50.00 per participant in grades 3, 4 and 5  
 \$60.00 per participant in grades 6, 7 and 8



*Price includes Academy T-Shirt and completion certificate*

**On-site Registration:** Portable "D" in front of Hathaway Elementary School, 25<sup>th</sup> & E Street Washougal, WA. Monday – Friday, 8:00 a.m. to 4:00 p.m. Bring check or exact cash, we do not accept credit or debit.

**Mail Registration:** Mail form and check to East County Community Ed - P.O. Box 559 Washougal, WA 98671

✂ -----

<b>Mail Registration Form to: East County Community Education - PO Box 559 Washougal, WA 98671</b>	<b>954-3837</b>
----------------------------------------------------------------------------------------------------	-----------------

Home Phone: # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's name if student is under age 18: \_\_\_\_\_

**Youth Info Only:** Age: \_\_\_\_ Grade: \_\_\_\_ Gender:  M  F School: \_\_\_\_\_

T-shirts come in youth or adult sizes (if applicable) YS, YM, YL, AS, AM, AL

Code #	Class Title	Fee
#2092-09	Camas Jr. Basketball Academy	\$

**Total Enclosed:** \$ \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in this ECCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Check # \_\_\_\_\_ Receipt # \_\_\_\_\_