



VALLEY TIGER BASKETBALL



Meet head coach B.J. Windhorst as well as many of the Valley varsity basketball players! We anticipate high turnout, so get signed up as soon as possible! To be guaranteed a T-shirt registration must be received two weeks before the first day of camp.

WHO: grades 2-5 (2019-20 school year)

WHAT: three-day skill development clinic/basketball fundamentals

WHEN: June 17-20, 2019, 9-11 a.m.

WHERE: Valley High School Fieldhouse

COST: \$85 (family of 2: \$150)

CAMP PHILOSOPHY

Dedication, many hours of hard work and individual skills are what it takes to become a good basketball player! Learn the new "Valley Way" of basketball in a fun and positive environment, which emphasizes fundamentals, teamwork, and individual improvement!

WHAT TO BRING

Campers are responsible for their own shoes, socks, T-shirts and shorts. You may bring your own water bottle.

GET REGISTERED!

Make checks payable to:
Valley Athletics

QUESTIONS?

Email B.J. Windhorst at
windhorstb@wdmcs.org.

FOUNDATIONS OF A SUCCESSFUL PROGRAM

COMMITMENT

ACCOUNTABILITY

HIGH EXPECTATIONS

HIGH LEVEL OF
WILLINGNESS

GO TIGERS!

2019 VALLEY TIGERS GRADES 2-5 BASKETBALL CAMP REGISTRATION FORM

Student's Name _____ Age _____ Grade (2018-19) _____

Parent's Name(s) _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Please return form and payment to: Valley High School Activities | c/o Brad Rose
3650 Woodland Ave. | West Des Moines, IA 50266

In consideration of the acceptance of this application for enrollment in the Valley Tigers Basketball Clinic, I/We intend to be legally bound hereby for myself, my heirs, executors and administrators, to waive and release any and all rights and claims for damages I/We may have against the West Des Moines Community Schools, all sponsors, and all employees of the clinic for any damages which may be sustained or suffered by in connection with my/our associating to, participating in or returning from the camp. I/We hereby grant permission for my/our child to be a participant in the Valley Tigers Basketball Clinic and if any injury should occur during, traveling to, or returning from the camp I/We agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

Applicant's Signature

Parent/Guardian Signature

Insurance Carrier