



# Snake River Valley Basketball

Head Coach: Robert Coombs

## 2019 Summer Youth Basketball Camp

The Snake River Valley Basketball program is a club that is for students who want to develop their skills, gain game experience and to have fun.

**Director:** Robert Coombs [coomrobe@snakeriver.org](mailto:coomrobe@snakeriver.org)

**Who is eligible to play:** All boys going into the 3<sup>rd</sup> – 7<sup>th</sup> grade for the 2019 – 20 school year.

**Cost:** \$45.00  
Mail to:  
Snake River Valley Basketball Club  
44 South 1190 West  
Blackfoot, Idaho 83221

**Date:** June 10 – 13  
Monday – Thursday

**Time:** 10:00AM to 12:00PM

**Location:** Snake River High School gyms

You can send your registration in or register at the door first day of camp.

All participants will receive a camp basketball and t-shirt.

**The only time you will find the word success before work, is in the dictionary.**

# Snake River Valley Basketball Club Consent Form

When a person practices and participates in any sport or physical activity, it can be dangerous. The person risks serious and permanent injury. Injuries could affect the general health and well-being on the participant. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future. My son will participate at their own risk.

The parent / guardian further releases the Snake River School District and Snake River Valley Basketball Club and coaches from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating.

IHSAA does not require students to carry health insurance, but as a club and school we encourage students to carry health insurance. On the Snake River School District website there is a form that students can get health insurance coverage. The health insurance coverage is not through the school but is offered through an independent insurance carrier.

Is your child covered by a family health insurance policy? YES\_\_\_\_\_ NO\_\_\_\_\_

Insured by\_\_\_\_\_ Policy Number\_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE\_\_\_\_\_ Date\_\_\_\_\_

SIGNATURE OF STUDENT\_\_\_\_\_ Date\_\_\_\_\_

What grade will you be entering this next school year:\_\_\_\_\_