



# VALLEY TIGER BASKETBALL



Meet Valley High School coaching staff as well as many of the Valley High School 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 6-8 (2019-20 school year)

**WHAT:** high school basketball camp focused on team preparation

**WHEN:** July 29-Aug. 1, 2019, from 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!

### 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 6-8 BASKETBALL CAMP REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (2019-20) \_\_\_\_\_

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