EVERETT PUBLIC SCHOOLS

PO Box 2098, Everett, WA 98213
www.Everett.k12.wa.us

Summer Activities Packet

The Everett School District is coordinating participation of team members in the following voluntary activities. Your initial next to any of the following summer activities indicates permission for your child to take part. On the first page, please initial the activities in which your child may participate. On the following pages, complete and sign all of the appropriate areas. **Your child is not eligible to participate in summer activities until your child returns the completed packet to their coach.**

SCHOOL: **EVERETT HIGH SCHOOL** SPORT: **Boys Basketball**

PLAYER'S NAME_____

	Parent Initial	Activity	Activity sponsor	Activity Location	Activity Date(s)
1.		Summer Weight Training	EHS Basketball	Weight Room	Various dates/times
2.		Open gyms	EHS Basketball	EHS	Various dates/times
3.		Snohomish Panther Invitational	EHS Basketball	Snohomish HS	June 7th-9th
4.		Maverick Shootout	EHS Basketball	Lynnwood	June 14th-16th
5.		CWU Basketball tournament	EHS Basketball	CWU	June 28th to July 1st

Transportation

A district-approved Everett School District coach may provide transportation in some instances; however, transportation will not be provided in most instances. Your signature below indicates your agreement to provide and arrange transportation for the activities initialed on the previous page. Everett School District coaches, other than those approved to drive, will not be making arrangements.

_____ _____

Signature of Parent/Guardian Date

_____

Student Name – Please Print

Assumption of Risk and Use of Equipment Release

As a parent or guardian of a student planning to participate in summer activities initialed on page one of this document, I hereby acknowledge that I have read, understood, and agree to do the following:

1. I acknowledge that the sport listed above entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health, and well-being.

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by and such condition.

Physical

I certify that my child had an athletic physical conducted by a physician with the last 2 years.

_____ _____

Signature of Parent/Guardian Date

Medical Information

The following special health problems should be noted: _____

_____

In the event of emergency, I wish the following person to be notified in case I cannot be contacted

Name _____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Everett School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Everett School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier:_____Plan Number (required) _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your high school main office for information.

3. Use of Equipment (Football Only) – My signature below indicates my understanding that a district-owned football helmet and/or set of pads may be used during summer activities if it is currently certified for interscholastic use (meets NOCSAE safety standards), if it has been fitted by district-hired football coach during current year spring football drills, if it is part of the current inventory of my son/daughter's high school, it is used only by my son/daughter, if it sonly used during designated activities, if it returned directly to the district-hired coach after each summer activity, and if I agree to pay the replacement cost (current market value) prior to the start of the next fall football season for damaged equipment.

4. I am fully aware of the special dangers and risks inherent in participating in on- or off-campus summer activities in the sport listed previously, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for my son/daughter to participate in the activities initialed on page one of this document.

Parent/Guardian Name_____Home Phone_____

Address_____Work Phone_____

Parent/Guardian Signature_____Date_____

EVERETT HIGH SCHOOL BOYS BASKETBALL

2019 Summer Activities Schedule

Date	Event	Location	Teams Participating
June 7th – 9th	Snohomish Panther Invitational	Snohomish	Varsity & JV
June 14th – 16th	Maverick Shootout	Lynnwood	Varsity & JV
June 28th – July 1st	CWU Basketball Tournament/Camp	Ellensburg	Varsity & JV

SNOHOMISH PANTHER INVITATIONAL

June 7th-9th, 2019

- 4 Game Guarantee
- Varsity, JV and Freshmen Divisions
- Championship T-Shirts

Tournament Entry Fee:
1 Team - $300.00
2 Teams - $600.00
3 Teams- $850.00

All Varsity games will be played at Snohomish High School. JV and Freshmen games will be played at Snohomish High School or Valley View Middle School.

Please call or email to reserve your spot ASAP.

Please make checks payable to: Panther Hoops Club

Mailing address to send checks to is: Panther Hoops Club
P.O. Box 56
Snohomish WA 98291

Registration deadline is May 1st.

Contact info: Jim Wilson
Snohomish High School
jim.wilson@sno.wednet.edu
425-248-3871

2019 Maverick Shootout Flyer

Presented by Cloud 9 Sports

- When: June 14-16, 2019

- Where:
  - Meadowdale High School (6002 168th St SW Lynnwood, WA 98037)
  - Lynnwood High School (18218 North Road Bothell, WA 98012)
  - Kamiak High School (10801 Harbour Pointe Blvd Mukilteo, WA 98275)

- Details:
  - 4 Game Guarantee
  - Varsity, JV, and C Divisions
    - **Goal: 32 team Varsity field, 32 team JV field, 16 team C field.**
  - Championship T-Shirts for Champs of each Division

- Tournament Entry Fee:
  - $300 per team, or $850 for 3 teams.
    - Email, call, or text ASAP to reserve your spot
    - Payment is appreciated ASAP, but due by Friday, May 17, 2019
    - Mail Checks (made out to Meadowdale Booster Club) to:

      Meadowdale Boys Basketball
      C/O Roger O'Neill
      6002 168th St SW
      Lynnwood, WA 98037

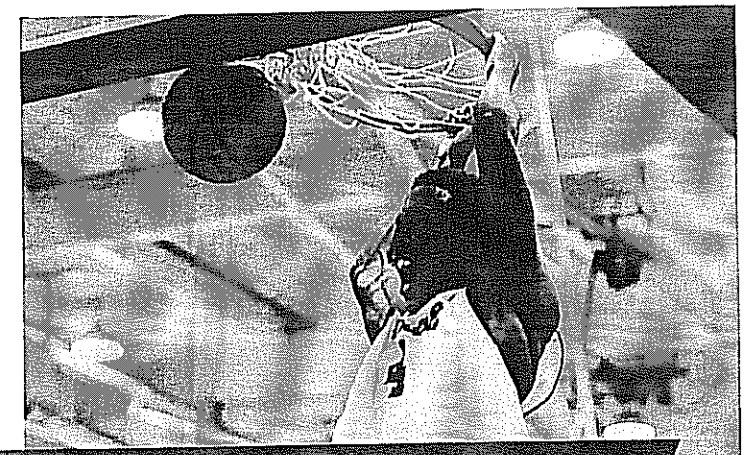
- If you have any questions, or wish to reserve your place in the tournament, please contact Roger O'Neill:

  E-mail: oneillr@edmonds.wednet.edu
  Phone: (206) 295-5191

BASKETBALL

TOURNAMENT DATES: JUNE 28–JULY 1, 2019

REGISTRATION DEADLINE: JUNE 14, 2019



CENTRAL WASHINGTON UNIVERSITY

2019 BOY'S HIGH SCHOOL TEAM BASKETBALL TOURNAMENT

GENERAL TOURNAMENT INFORMATION

Early Participant Rate: $320 per athlete which includes tournament and complete room and board. Early Commuter Rate: $190 per athlete which includes dinner on June 28, 29, and 30, and lunch on June 29 and 30. Lodging and breakfasts are not included in the commuter rate. Kittitas County Rate: $600 per team, does not include meals or lodging. After June 14, the fee is $345 for participants, and $215 for commuters, and $675 for Kittitas County.

Each participant must complete an application form and all applications must be completed as a team. A non-refundable $35 administrative fee is charged for all cancellations. Full refund, minus the non-refundable $35 administrative fee, requires written notification by June 21. After June 21, refunds will not be made for students dismissed from the tournament, no shows, or cancellations. For participants leaving the tournament early, refunds are granted on a case-by-case basis minus administrative and program fees. No refunds will be made for participants dismissed from the tournament.

TEAM TELEPHONE REGISTRATION

Telephone reservations will be taken March 1–June 1 or until the tournament is filled. For more information contact Coach Drew Church at 208-791-9488 between 8 a.m. and 5 p.m., Monday–Friday, or email Drew.Church@cwu.edu. Team registrations must be made by the coach. All applications must be submitted as a team including team roster and full payment by June 14.

FOR MORE INFORMATION

Write to: Team Basketball Tournament
CWU Athletic Department
400 East University Way
Ellensburg, WA 98926-7570
Email: Drew.Church@cwu.edu
Call: 208-791-9488.

REGISTRATION QUESTIONS CONTACT

CWU Conference Program, 400 East University Way, Ellensburg, WA 98926-7592, email Conference.Program@cwu.edu, or call 509-963-1141.

TO REGISTER please go to the following website:
cwu.edu/conference/registration-forms

WHAT TO BRING

Participants must bring their own towels, washcloths, soap, sun screen, personal toiletries, and bathing suit. Also bring basketball shoes, T-shirts, shorts, socks, and sweats. Please leave all valuables at home. CWU is not responsible for damages or loss to participant's personal property.

ELIGIBILITY

Each team must have a minimum of **eight players** and a minimum of one coach.

PHYSICALS / INSURANCE

All CWU tournament participants are required to provide a non-returnable physical fitness statement from their physician, signed CWU Participant Health/Emergency Information and Hold-Harmless Form, and proof of their own medical insurance prior to their participation in the CWU Tournament. PARTICIPANTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT PROPERLY COMPLETED FORMS. The CWU athletic training staff will be on duty during sessions and on-call throughout the day.

SUPERVISION

The team coaches are required to stay in CWU housing with their players. Team coaches are also responsible for their players during non-sanctioned, after hours activities while attending Team Basketball Tournament. CWU reserves the right to send any participant home if found to be undesirable for any reason. If keys are not returned at check out, the team coach will be responsible for $35 per lost key.

CHECK-IN / CHECK-OUT

Check-in: June 28 from 11 a.m.–1 p.m.
Check-out (for sleeping rooms): July 1 from 11 a.m.–1 p.m.

TEAM TOURNAMENT FEATURES

Two games Friday, three games Saturday, and two games Sunday • Online Schedule and Game Results • Tournament on Monday • Practice times may be available • Classrooms available for Team Meetings • Completely remodeled Nicholson Pavilion • Air Conditioned Gyms • Dorms located close to Nicholson Pavilion

CWU Central Washington University

Athletics
400 East University Way
Ellensburg WA 98926-7570

CWU is an EEO/AA/Title IX Institution. For accommodation email: DS@cwu.edu.