

Continuing the process!!!!

PACKER BASKETBALL

“Thank you for allowing us to work with your son this week. The game of basketball should be fun to play. It’s my desire for our kids in South St. Paul to develop passing, dribbling, and shooting skills that will allow them to have success. Work hard, have fun, do your best.”

Coach Siegling

Reed Siegling, Head Boys Basketball Coach
rsiegling@sspps.org

SSP Boys Basketball Camp 2018



Grades 3-6
Monday, July 9
thru
Thursday, July 12, 2018
At Lincoln Center gymnasium
Cost: \$35.00

Registration forms are due upon arrival at camp.
Cost includes instruction, t-shirt, ribbons.
Camp location will be in Lincoln Center.
Grades 3-4 1:00-3:00 pm
Grades 5-6 3:00-5:00 pm

Please register your player(s) for the grade he will be entering in the 2018-19 school year.

For registration forms please see the following:

- Middle School, High School ~ Coach Siegling
 - Lincoln Center ~ Drew Johnson
- Kaposia Education Center ~ Brenda Johnson

Registration forms also online, go to: sspps.org, click on Athletics & Activities, Sports-Winter, Basketball-Boys.
Make checks payable to: South St. Paul Open
Please email Coach Siegling with any questions: rsiegling@sspps.org

Participant Name: _____ Phone: _____ Cell: _____

Address: _____ D.O.B. _____ Grade: _____

Fall 2018

Print parent/guardian name: _____ Emergency phone # _____

Required Waiver: In consideration for being allowed to participate in the activity, participant and/or participant’s parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City and/or Special School District #6 its officers, officials, employees, insurers, agents, contractors, representatives, associated personnel, successors and assigns, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys fees and costs) including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above –described activity.

Participant signature (if over 18 years of age) _____ Date: _____

NOTICE: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian, or conservator, I certify that I am the custodial parent, legal guardian or conservator of the above named participant. I hereby consent to his/her participation in the activity and any emergency medical treatment which may be rendered to participant. I shall be liable for the cost of such medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Signature of Parent/Legal Guardian/Conservator: _____ Date: _____