

# YOUTH basketball CAMP



Franklin Boys' Basketball is offering camps for boys entering 3rd through 8th grade. The FHS boys' coaches will lead the instruction at each camp with support from current and former Sabers Boys' Basketball players.

All sessions of Sabers Boys' Basketball



**July 8th—11th | 12:30-4pm**  
3rd & 4th Grade     \$150/camper

**July 15th—18th | 12:30-4pm**  
5th & 6th Grade     \$150/camper

**July 22nd-25th | 12:30-4pm**  
7th & 8th Grade     \$150/camper  
\* \$10 non-refundable administrative fee

*Players will receive a camp reversible jersey, water bottle, Camp basketball, and individual & team awards.*

2019  
Regional Champions  
'83, '11., '17  
Conference Champions  
'75, '84, '99, '00,  
'01, '05, '08, '18

*For more information contact Coach Tyler Podoll  
SaberBoysBasketball@gmail.com or 414.690.5784*

# 2019 Franklin Boys' Youth Basketball Camp

## Registration Form

Please fill out ALL information and forms

Session: ☐ 3rd/4th Grade \$150\* ☐ 5th/6th Grade \$150\*  
☐ 7th/8th Grade \$150\*

Camper's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-shirt sizes (circle one) YOUTH : S M L  
ADULT: S M L XL XXL

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Legal Guardian Signature:  
\_\_\_\_\_

**Make checks payable to: Franklin High School**  
\* \$10 non-refundable administrative fee

**Send registration, waiver and concussion forms to:**

**Franklin High School  
Attention: Boys Basketball Camp  
8222 South 51st Street  
Franklin, WI 53132**

All camp sessions will focus on individual skill development and team competition through game play and contests. A strong focus on fundamental development of ball handling, shooting, and defense that aligns with our Saber Boys' Basketball Program at the high school level. Franklin High School coach, Tyler Podoll, along with assistance from former and present Franklin basketball players, coaches, and guest speakers will run the camps.

All campers will receive:

- Camp T-Shirt  
(if registered before deadline)
- Basketball
- Water Bottle
- Written Skills Assessment at end of camp

Awards will be earned for skills contests and championship games for 5 on 5, 3 on 3, and 1 on 1 on Championship Friday.

Parents MUST fill out a mandatory **Liability Waiver Form** AND a **Concussion Form** prior to their child participating (*download from the Franklin High School website, Athletics & Activities Participation Forms*). Registration will be on a first-come basis and forms are available in the FHS athletic office and on the FHS summer camp webpage.

**Registration deadline: Friday, June 7.**

Any questions, please contact:

FHS Varsity Boys' Basketball Coach  
Tyler Podoll:  
saberboysbasketball@gmail.com

414.690.5784

## Athletic Camp Waiver

### Required Waiver of Liability Agreement

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**Name of Camp** \_\_\_\_\_

**Participant** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

**1. Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**2. Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**School Attending in the Fall** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form must be completed and submitted to the athletic office in order to participate in the athletic camp.**

**Appendix A: Student-Athlete and Parent/Guardian Concussion Management Plan Agreement**



**Student-Athlete and Parent/Guardian  
Concussion Management Plan Agreement**

In accordance with **Wisconsin's Sidelined For safety Act 172**, we read the Franklin Public Schools Concussion Management Plan and have been informed of the signs, symptoms, and risks of a sport related concussion.

The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents/guardians, or other health care personnel including any signs and symptoms of a concussion.

We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student-athlete and parent/guardian have read this plan.

We acknowledge and understand the responsibility to abide by, understand and consent to all Franklin School District concussion protocols.

We hereby acknowledge having read the Concussion Management Plan which includes the signs, symptoms, and risks of sport related concussions agree to abide by, understand and consent to all Franklin School District concussion protocols.

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Printed name of student/athlete	Signature	date
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Printed name of parent/guardian	Signature	date
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**\*\*The Concussion Management Plan can be found at:**

[https://www.franklin.k12.wi.us/uploaded/Education\\_Recreation\\_Dept/Kids\\_Camp/concussionmanagementplan.pdf](https://www.franklin.k12.wi.us/uploaded/Education_Recreation_Dept/Kids_Camp/concussionmanagementplan.pdf)

Return to: Athletics & Activities Department, School Office or Recreation Department Office