



2018 High School Summer Girls Basketball

Tuesday, May 29 – Tuesday, July 3

Times: See calendar below

Location: VCHS Gymnasium

Cost: \$125, additional \$60 for practice gear if new player

May/June/July 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	28 Memorial Day – No Basketball	29 Varsity/JV 4:30-6:30	30 Varsity/JV 4:30-6:30	31 Varsity/JV 4:30-6:30	1 OFF DAY	2
3	4 Varsity/JV 9:00-10:30	5 Varsity/JV 8:30-10:30	6 Varsity/JV 8:30-10:30	7 Varsity/JV 8:30-10:30	8 Varsity/JV 9:00-10:30	9
10	11 Varsity/JV 9:00-10:30	12 Varsity/JV 8:30-10:30	13 Varsity/JV 8:30-10:30	14 Varsity/JV 8:30-10:30	15 Varsity/JV 9:00-10:30	16
17	18 Varsity/JV 9:00-10:30 Ocean View (OV) Summer League Time TBD	19 Varsity/JV 8:30-10:30	20 Varsity/JV 8:30-10:30 OV Summer League Time TBD	21 Varsity/JV 8:30-10:30	22 Varsity/JV 9:00-10:30 Possible UCLA Camp	23 Possible UCLA Camp
24 Possible UCLA Camp	25 Varsity/JV 9:00-10:30 Grades 6-8 Camp 10:30-1:00 OV Summer League Time TBD	26 Varsity/JV 8:30-10:30 Grades 6-8 Camp 10:30-1:00	27 Varsity/JV 8:30-10:30 Grades 6-8 Camp 10:30-1:00 OV Summer League Time TBD	28 Varsity/JV 8:30-10:30 Grades 6-8 Camp 10:30-1:00	29 Varsity/JV Best in the West Tournament	30 Varsity/JV Best in the West Tournament
July 1 Varsity/JV Best in the West Tournament	July 2 Varsity/JV 9:00-10:30 OV Summer League Time TBD	July 3 Varsity/JV 8:30-10:30 TEAM LUNCH AFTER PRACTICE	July 4 SUMMER BASKETBALL ENDS	July 5	July 6	July 7

To register for high school girls basketball please submit this form and a check for \$125 (payable to VCHS, additional \$60 for practice gear if new player) by May 25th to the VCHS Office.

Student Name _____ Grade Entering _____

Parent Name _____ Home Phone _____

Cell/Work Phone _____ Email Address _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/we, the undersigned parent(s) of _____, a minor, do hereby authorize Valley Christian High School coaches or school officials as agent(s) for the undersigned consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Civil Code.

Date: _____

Parent/Guardian Signature _____ Name of Insurance Company _____

Any Medical Conditions/Medications _____ Insurance Policy or Group # _____

High School Girls Basketball Office Use Only: Check Number _____ Check Amount _____