



Molalla High School



*2018 Spring/Summer OFF-SEASON Athletic Programs – Camps, Weights, and Open Gym/Field Opportunities for Grades Entering 9 - 12

Dear Parents,

If your athlete(s) will be in high school next year and plans to or currently participates in high school athletics - this is for you. Below you will see the participation opportunities that are available to your athlete(s) this spring and throughout the summer. None of the off-season programs (from Memorial Day to August 12th) are required for participation in the regular sports season, however, those that take advantage of these opportunities will have the chance to get better, bigger, faster, and stronger in any of the sports they participate in. **Please note: REGULAR HIGH SCHOOL PRACTICE BEGINS AUGUST 13TH FOR ALL FALL SPORTS.**

All programs have been organized to limit conflicts with other sports. All of our coaches' work together to encourage participation in multiple sports and these opportunities are set up to support that belief! All income, after expenses, goes directly to running the specific high school sports program. All of the programs are staffed by certified high school coaches that volunteer their time in order to provide these opportunities for the betterment of our students. All programs are located at Molalla High School unless noted otherwise.

The best way to reach most coaches is through e-mail and/or phone numbers provided below. Information can also be obtained by calling Molalla High School Athletic Secretary Deb Freshour at 503-759-7305 or at debbie.freshour@molallariiv.k12.or.us. We hope to see you here this summer!

***All incoming 9th-12th grade students participating in a spring/summer activity MUST have a current physical on file and MUST complete and return the attached Athletic Participation Liability Release Form to be able to participate in ANY of the opportunities listed below.**

The Oregon Schools Activities Association(OSAA) Moratorium Week is July 22 – 28th. No contact by coaches or use of school facilities allowed during this week. The OSAA prohibits contact between high school personnel (paid or volunteer) and students and use of school facilities is not allowed. The policy also prohibits coaches from having contact with students from any high school. Coaches also are not permitted to encourage students to work out at another venue*

If you have any questions about the information on this flyer or any other question about high school sports please feel free to contact me at todd.moore@molallariiv.k12.or.us. Go Indians!

HIGH SCHOOL SPORTS OFFICIALLY AUGUST 13th

Football

March 5 th – June 1	After School Weightlifting	MWF	3:00 – 4:30 pm	Free
June 4 – August 7	Open Weights and Conditioning	MTH	5 – 6:30 pm	Free
July 3-31	7 on 7 vs. Woodburn (in Woodburn)	Every Tuesday	5 – 8 pm	Free
July 9-11	Mini-Camp w/Woodburn	TBD	TBD	Free
July 16-19	Overnight Camp @ Cascade (Grades 10-12 only)	M-H		\$30
	++Includes T-shirt & Shorts++			
August 6-9	Indian Camp for grades 9-12		3:30 – 5:45 pm	\$30
August 13-22	High School Practice Begins grades 9-12	Daily Doubles	4:00 – 9:00 pm	
Head Coach:	Tim Baker	tim.baker@molallariiv.k12.or.us		503-310-2847

Cheer

May 21-23	Cheer Try-out #1	MTW	6 – 8 pm	Free
June 11 – July 18	Cheer Practice	MW	5 – 8 pm	Free
July 30 – Aug 15	Cheer Practice	MW	5 – 8 pm	Free
August 20 – 23	Cheer Try-Out #2 with Daily Doubles	MTWH	7 - 9 am/7 - 9 pm	\$175
Head Coach:	Lorene Musgrove	lorene.musgrove@molallariiv.k12.or.us		503-381-7285

Volleyball

April 2 – May 24	Volleyball Open Gym	Monday's/Thursday's	7 – 9 pm	Free
August 6 -9	Volleyball Camp for all incoming 6-9 th graders		3 – 5:30 pm	\$35
	++Includes T-shirt if registered by July 14 th ++			
August 13-22	Practice Begins for grades 9-12		TBD	Separate Registration
Head Coach:	Lauree Nelzen	lauree.nelzen@molallariiv.k12.or.us		503-715-6950

Wrestling

July 10-14	Molalla Wrestling Camp	Grades entering 4 th - 12 th grade	7:30 – 4 pm	\$125
	++Includes T-shirt if registered by July 1 ++			
Head Coach:	Nathan Smyth	nathan.smyth@molallariiv.k12.or.us		970-978-9987



2018 MHS Summer Athletic Camps for K-8



Football

August 6-8 Braves Camp for grades 3-8th *Includes T-Shirt if Registered by July 1* 6:00 – 8:00 pm \$30
Head Coach: **Tim Baker** tim.baker@molallariv.k12.or.us 503-310-2847

Cheer

August 13-16 Cheer Camp for Incoming K-3 *Includes T-Shirt if Registered by August 1* 4 – 5 pm \$40
 August 13-16 Cheer Camp for Incoming 4-5 *Includes T-Shirt if Registered by August 1* 5:30 – 6:30 pm \$40
 August 13-16 Cheer Camp for Incoming 6-8 *Includes T-Shirt if Registered by August 1* 6:30 – 8 pm \$40
Head Coach: **Lorene Musgrove** lorene.musgrove@molallariv.k12.or.us 503-381-7285

Volleyball

August 6 -9 VB Camp for all incoming 6-9th *Includes T-shirt if registered by July 14th* 3 – 5:30 pm \$35
Head Coach: **Lauree Nelzen** lauree.nelzen@molallariv.k12.or.us 503-715-6950

Girls Basketball

June 18-21 Indian Basketball Camp for 3rd- 8th Grades *Includes T-Shirt if registered by 6/6* 9:30 - Noon \$35
Head Coach: **Phil Wiesner** phil.wiesner@molallariv.k12.or.us 503-508-3328

Boys Basketball

June 25-28 Youth Camp for boys entering 1st – 8th *Includes T-Shirt if registered by 6/6* \$35
Boys entering 1st – 4th Grade 9:00 – 11:30 am Boys entering 5th – 8th Grade Noon – 3 pm
Head Coach: **Jeff Bennett** jeffrey.bennett@molallariv.k12.or.us 503-298-1109

Wrestling

July 10-14 Youth Camp for 4th- 12th grade *Includes T-shirt if registered by July* 7:30 – 4 pm \$125
Head Coach: **Nathan Smyth** nate.smyth@molallariv.k12.or.us 970-978-9987

Soccer

July 9-12th Indian **Boys & Girls** Soccer Camp for incoming K - 8 9:00 – 1 p.m. \$50
Head Girls Coach: **Nina Wegner** nina.wegner@molallariv.k12.or.us 503-318-1314
Head Boys Coach: **Ryan Gates** ryan.gates@molallariv.k12.or.us 503-781-4612

Boys & Girls Swimming

Contact coach Melissa Georgesen for further information about swimming.
Head Coach: **Melissa Georgesen** melissa.georgesen@molallariv.k12.or.us 541-637-7740

Boys & Girls Golf

Contact Todd Moore, Athletic Director for further information about summer golf.
A.D. **Todd Moore** todd.moore@molallariv.k12.or.us 503-759-7305

Softball

June-August Tournament Summer Softball for 10u,12u,14u, and 16u Contact Coach Wade for more info
Head Coach: **Dawn Wade** dawn.wade@molallariv.k12.or.us 503-679-1680

Boys and Girls Tennis

June 26-29 Tennis Camp for all boys and girls ENTERING grades 1-5 9 – 10 am \$40/\$60 per family
 June 26-29 Tennis Camp for all boys and girls ENTERING grades 6-8 10:15 -11:30 am \$40/\$60 per family
 August 1-3 Tennis Camp for all boys and girls ENTERING grades 1-9 9 – 10:15 am \$20/\$30 per family
 July – August “Tennis Tuesday’s” Everyone Welcome! 6:30-8:00 pm FREE!
Head Coach: **Mike Clarke** mike.clarke@molallariv.k12.or.us 503-816-0460

Track & Cross Country

July 16-20 Track Camp for incoming K-5th @ Heckard Field *Includes T-shirt & Friday's Sparta Race* 9 – 11:00 am \$40
Head Coach: **Sheron Farner** sheron.farner@molallariv.k12.or.us 503-891-7829

++ Dates and times subject to change. Direct contact with the Head Coach is encouraged to confirm activities.

Save this page for your records and submit registration form to attend

Molalla High School Athletic Director Todd Moore todd.moore@molallariv.k12.or.us Secretary Deb Freshour debbie.freshour@molallariv.k12.or.us



K-8 MHS SUMMER CAMP REGISTRATION/PERMISSION FORM

- One Registration PER CHILD – your signature is required on the back side of this form in two different places....
- Fee includes such things as t-shirts, instruction, awards, games, and plenty of fun
- Complete and deliver or send registration with tuition. Be sure to specify which week, camp/sport, and gender.
- Each participant MAY NOT RECEIVE confirmation prior to camp.
- Financial Assistance is available. Call or e-mail the coach of the camp for more information. .

MAKE CHECK PAYABLE TO MHS and deliver or Mail registration and camp tuition to: Molalla High School Athletics/Summer Camps (Deb)
OR pay on schoolpay.com then mail or email the registration form to-debbie.freshour@molallriv.k12.or.us PO Box 309 - Molalla, OR
97038

Student Name: _____ Parent/Guardian(s) Names: _____

Grade: _____ Primary Phone: _____ Secondary Phone: _____

Mailing Address: _____

Email Address: _____ Circle T-Shirt Size: YS YM YXL AS AM AL AXL

Please check the camps your athlete will be attending

<input type="checkbox"/> Football August 6-8	Braves Camp for grades 3-8 th	<i>Includes T-Shirt if Registered by July 1</i>	6:00 – 8:00 pm	\$30
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming K-3	<i>Includes T-Shirt if Registered by August 1</i>	4 – 5 pm	\$40
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming 4-5	<i>Includes T-Shirt if Registered by August 1</i>	5:30 – 6:30 pm	\$40
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming 6-8	<i>Includes T-Shirt if Registered by August 1</i>	6:30 – 8 pm	\$40
<input type="checkbox"/> Volleyball August 6 -9	VB Camp for all incoming 6-9 th	<i>Includes T-shirt if registered by July 14th</i>	3 – 5:30 pm	\$35
<input type="checkbox"/> Girls Basketball June 18-21	Indian Basketball Camp for 3rd- 8 th Grades	<i>Includes T-Shirt if registered by 6/6</i>	9:30 - Noon	\$35
<input type="checkbox"/> Boys Basketball June 25--28	Youth Camp for boys entering 1 st – 8 th	<i>Includes T-Shirt if registered by 6/6</i>		\$35
	<i>Boys entering 1st – 4th Grade</i>	<i>9:00 – 11:30 am</i>		
	<i>Boys entering 5th – 8th Grade</i>	<i>Noon – 3 pm</i>		
<input type="checkbox"/> Wrestling July 10-14	Youth Camp for 4 th - 12 th grade	<i>Includes T-shirt if registered by July</i>	7:30 – 4 pm	\$125
<input type="checkbox"/> Soccer July 9-12 th	Indian Boys & Girls Soccer Camp for incoming K - 8		9:00 – 1 p.m.	\$50
<input type="checkbox"/> Tennis June 26-29	Tennis Camp for all boys and girls ENTERING grades 1-5		9 – 10 am	\$40/\$60 per family
<input type="checkbox"/> Tennis June 26-29	Tennis Camp for all boys and girls ENTERING grades 6-8		10:15 -11:30 am	\$40/\$60 per family
<input type="checkbox"/> Tennis August 1-3	Tennis Camp for all boys and girls ENTERING grades 1-9		9 – 10:15 am	\$20/\$30 per family
<input type="checkbox"/> Track July 16-20	Track Camp for incoming K-5 th @ Heckard Field	<i>Includes T-shirt & Friday's Sparta Race</i>	9 – 11:00 am	\$40

Check -----Cash-----Online ___paid ___unpaid TOTAL \$ _____

2018 Molalla High School Summer Camps Liability Release

Molalla High School offered youth sports camps and other athletic opportunities can provide unique and important educational opportunities for students. *Students that take advantage of these opportunities will help improve their overall athletic ability and skills.* However, there are inherent risks to such activities, some of which cannot be eliminated due to the inherent nature of the activities. I understand that participation in athletic programs is purely voluntary, that there will be no negative repercussions for choosing not to participate, and that I am allowing my child to participate out of his/her/my own free will fully aware of the attendant risks associated with the activity.

I understand that the Activity is voluntary and will expose my child to risks, both foreseen and unforeseen, that could cause harm to my child, his/her property, and harm to other persons. Examples of risks include physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. I have reviewed the enclosed program rules and information and acknowledge I understand the risks to which my child may be exposed as a result of participation in the Activity. **Furthermore, I understand and agree that during the Activity my child will be, at times, without direct supervision.** I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. **Notwithstanding this possibility and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation I give my permission for my son/daughter to participate in the Activity.**

In consideration for providing my child the opportunity to participate in the Activity and any related transportation to and from Activity events, both my child and I voluntarily agree to waive and discharge any and all claims against Molalla High School and Molalla River School District and release it from liability for any loss regardless of cause, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and Hold Harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of injuries of any kind to me, my child, our property, or losses of any kind which may result from or in connection with my child's participation in the Activity, including injuries stemming from the negligent actions of the District or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.**

In the event that my child may require emergency medical treatment while participating in the Activity, I authorize the District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses. I understand that Activity staff and chaperones will attempt to contact me or other emergency contact(s) listed on the enclosed Medical Treatment Authorization form in the event my child requires medical treatment, but I acknowledge and agree that Activity staff and chaperones may proceed with securing medical treatment for my child even if I or other emergency contact(s) are not able to be reached.

2018 MHS Summer Athletic Camps for K-8

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the Activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release **Molalla High School and Molalla River School District** from all liability for any loss regardless of cause, and claims arising from the student's participation in the Activity. In addition, I authorize the Activity staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs

Parent/Legal Guardian Signature



***Date**

MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

Student Name: _____ Birth date: _____

Address: _____ Home Phone: _____

Parent(s)/Guardian(s) Names: _____

Parent or Guardian phone: Work: _____ Home: _____

Emergency Contact if Parent/Guardian cannot be reached:

Name: _____ Relationship: _____ Telephone: _____

Medical Information:

Known allergies (drug or natural) _____

Special medication being taken _____

Any special information/instructions concerning medication: _____

Date of last tetanus shot _____

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever: _____

Any physical restrictions _____

Other conditions _____

Physician name and phone number _____

Insurance Company Name _____ Policy # _____

IN CASE OF SURGICAL EMERGENCY: I hereby give permission to the physician selected by the school director, or in his/her absence, his/her designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

Parent/Guardian Signature

Date

*Athletic Participation Liability Release Form

OFF SEASON PROGRAMS for *Those Entering Grades 9-12 at Molalla High School*

Molalla High School offered off-season athletic opportunities can provide unique and important educational opportunities for students. *Students that take advantage of these opportunities will help improve their overall athletic ability and skills.* However, there are inherent risks to such activities, some of which cannot be eliminated due to the inherent nature of the activities. I understand that participation in athletic programs is purely voluntary, that there will be no negative repercussions for choosing not to participate, and that I am allowing my child to participate out of his/her/my own free will fully aware of the attendant risks associated with the activity.

I give permission for my son/daughter to travel to and participate in this Activity. **I understand that the Activity is voluntary and will expose my child to risks, both foreseen and unforeseen, that could cause harm to my child, his/her property, and harm to other persons.** Examples of risks include physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. I have reviewed the enclosed program rules and information and acknowledge I understand the risks to which my child may be exposed as a result of participation in the Activity. **Furthermore, I understand and agree that during the Activity my child will be, at times, without direct supervision.** I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. **Notwithstanding this possibility and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation I give my permission for my son/daughter to participate in the Activity.**

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In the event that my child may require emergency medical treatment while participating in the Activity, I authorize the District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses. I understand that Activity staff and chaperones will attempt to contact me or other emergency contact(s) listed on the enclosed Medical Treatment Authorization form in the event my child requires medical treatment, but I acknowledge and agree that Activity staff and chaperones may proceed with securing medical treatment for my child even if I or other emergency contact(s) are not able to be reached.

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Student Signature

*Date

Parent/Legal Guardian Signature

*Date

