

EAGLE YOUTH BOYS BASKETBALL CAMP '17

WHEN: June 12-13 7-8 8:00 - 10:00 am
K-2 10:30 -11:15 am 3-6 1:00 - 2:45 pm

ABOUT THE CAMP: Campers will participate in fun activities that involve basketball footwork, passing, dribbling, and shooting. The camp will be run by Coach Stryker, his staff, and current varsity players. The goal will be for the campers to learn some basic skills with friends and varsity players in a fun environment that stresses teamwork, fundamentals, and FUN!!!!

WHO CAN PARTICIPATE: Boys entering grades K-8 in the fall of 2017.

ALL CAMPERS WILL RECEIVE A CAMP T-SHIRT.

WHERE WILL THE CAMP BE HELD:

Wood River High School NEW GYM

****Check-in: June 12 7:30 - 8:00 am(7-8)
10:00 - 10:30 am(K-2) 12:30 - 1:00 pm(3-6)**

TUITION: The Cost of the camp **FREE**. Competition winners will be awarded Gatorades and candy bars on a daily basis. Everyone will get at least one. Also each camper will receive a T-Shirt.

WHAT YOU NEED TO BRING: Each camper should bring **clean gym shoes**. Basketballs will be provided.

DROP OFF APPLICATIONS TO:

High School Office
Elementary Office

or mail to:

Joel Stryker
% Wood River Rural Schools
13800 West Wood River Road
Wood River, NE 68883

APPLICATION DEADLINE:

May 1st

If you have any questions feel free to contact Coach Stryker.

Email: jstryker@wrrsd.org

APPLICATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Next Years Grade (Fall 2017): _____

T-SHIRT SIZE

Youth: S M L XL

Adult: S M L XL

PARENTAL CONSENT FORM:

Medical Information Allergic reactions/medications:

_____ In Case of Emergency
Parent or Guardian: _____
Home Phone: _____
Work Phone: _____
Other Contact: _____
Phone: _____

IN THE EVENT A PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE INDICATE ONE OF THE FOLLOWING:

____ I hereby certify the staff of the EAGLE YOUTH BASKETBALL CAMP has full and unconditional authority to proceed with treatment as judgement indicates for injuries during camp. The staff of the Eagle Basketball Camp shall not be held responsible for any consequence resulting from such injuries.

____ I AUTHORIZE LIMITED CARE AS FOLLOWS:

_____ I DECLARE THAT I AM THE PARENT/GUARDIAN FOR THE ABOVE MENTIONED MINOR.

NAME: _____

SIGNATURE: _____

DATE: _____

COME JOIN IN THE FUN!!