

LITTLE EAGLES GIRLS BASKETBALL CAMP '17

WHEN: June 26-28 K-2 8:00 - 8:45 am
3-5 9:00 -10:30 am 6-8 10:45 -12:00 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 Smith, his staff, and current high school 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: Girls 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 26-28 7:30 - 8:00 am**

8:45 - 9:00 am 10:15 - 10:45 am

TUITION:

FREE

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:

Phil Smith
% Wood River Rural Schools
13800 West Wood River Road
Wood River, NE 68883

APPLICATION DEADLINE: Walk-up applications will be accepted the first day of camp. But to give us a round about number please have forms filled out and returned by May 10.

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

Email: psmith@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 LITTLE EAGLE BASKETBALL CAMP has full and unconditional authority to proceed with treatment as judgement indicates for injuries during camp. The staff of the Little 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!!