



Perry Girl's

BASKETBALL

Skill Camp



Girls Entering 3rd- 6th Grade
June 8-10 (9AM-11:30AM)
High School Main School Gym

Girls Entering 7th-12th Grade
June 8-10 (12:30PM-3:00PM)
High School Main
Gym

Cost:
\$50 per camper
\$35 for each additional
camper from the same
family

ALL CAMPERS RECEIVE:

- Camp T-Shirt
- Basketball
- Booklet (Session 1 only)

CAMP WILL COVER:

- Ball Handling
- Shooting
- Passing
- Defense
- Footwork
- Post moves

**Camp
Instructors**
"Full 40"
Coaching Staff
Kyle Higgins
&
Casey Kaufman



To Register, complete the form on the back of this flyer and mail to:
Perry High School/3737 13th St. SW/Massillon, OH 44646
ATTN: Athletic Dept./ Girl's Basketball



**PERRY GIRLS YOUTH
SUMMER BASKETBALL CAMP REGISTRATION**

June 8-10, 2015- High School Main Gym

**Entering Grades 3rd to 6th- 9:00AM to 11:30AM
Entering Grades 7th to 12th- 12:30PM to 3:00PM**

Girl's Youth Program Includes: Summer Basketball Clinics (June)
Fall Basketball Clinic (September- November)
Travel Tournament Teams (January thru March)

Player's Name: _____

My Child will be entering _____ grade. School: _____

Home Address: _____

Emails (in order of use): _____

Parent Name(s): _____

Parent Phone Number : (W) _____ (C) _____

T-shirt size (circle): YS YM YL S M L XL

- Please print clearly, tear off, and return with check for \$50 payable to "Perry Girls Basketball Boosters."
- One registration form per child, please.
- Any questions on registration or the clinic can be directed to Brianna McCaulley (Youth Director) 330 936-8135

RELEASE AND WAIVER: I understand that sports are inherently dangerous activities. I understand that Perry Girl Basketball Boosters, Perry Boys Basketball Boosters, Perry Youth Basketball, and Perry Local Schools (collectively "PYB") do not claim that the coaches, officials, or other participants have any special expertise and that they are volunteers. I hereby waive any liability on the part of PYB and the participants, coaches, officials, employees, and organizers for any injuries that may result from my child's participation. I also permit the use of my child's image in any promotional material that may be made. I specifically authorize PYB and anyone associated with it, as well as all medical and emergency personnel, to treat my child as they deem necessary in case of an emergency. I waive any claim of liability against these individuals or organizations for emergency treatment of my child. I agree to be responsible for any expenses or bills incurred as a result of such treatment.

SIGNATURE OF PARENT OR GUARDIAN: _____

In case of emergency call (name and phone): _____

Child's physician and phone: _____

Insurance: _____

Special conditions / instructions (hospital preference) / medication allergies:
