

# Perry Girl's

## BASKETBALL

## Skill Camp



Girls Entering 3rd- 5th Grade  
June 5-7 (8AM-10:30AM)  
High School Main School Gym

Girls Entering 6th-9th Grade  
June 5-7 (12:00PM-2:30PM)  
High School Main  
Gym

### **Cost:**

**\$50 per camper**

**\$35 for each additional  
camper from the same  
family**

### **CAMPERS RECEIVE:**

Camp T-Shirt

Basketball (Session 1 only)

Booklet (Session 1 only)

### **CAMP WILL COVER:**

Ball Handling

Passing

Footwork

Shooting

Defense

Post moves

Camp  
Instructors

High School  
Staff and  
athletes





**PERRY GIRLS YOUTH  
SUMMER BASKETBALL CAMP REGISTRATION**

**June 5-7, 2017- High School Main Gym**

**Entering Grades 3<sup>rd</sup> to 5<sup>th</sup>- 8:00AM to 10:30AM**

**Entering Grades 6<sup>th</sup> to 9<sup>th</sup>- 12:00PM to 2:30PM**

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

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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:

\_\_\_\_\_