## THUNDERBIRD







# BOYS BASKETBALL CAMP

THE JCC HIGH SCHOOL BOYS BASKETBALL STAFF IS OFFERING AN OPPORTUNITY FOR CURRENT(2016-17) 6<sup>th</sup> and 7<sup>th</sup> GRADE ATHLETES TO IMPROVE THEIR FUNDAMENTAL BASKETBALL SKILLS INCLUDING SHOOTING, BALL HANDLING, FOOTWORK AS WELL AS INDIVIDUAL OFFENSIVE AND DEFENSIVE SKILLS.

- DATES: May 31, June 1, June 2
- ➢ TIME: 9:00 AM − NOON
- WHERE: JCC HS GYMNASIUM, TECUMSEH
- ➢ CAMP FEE \$30/ATHLETE
- ➢ MAKE CHECK PAYABLE TO: JCC
- REGISTRATION AND FEE DEADLINE IS MAY 18<sup>TH</sup> TO RECEIVE A T-SHIRT
- LATE REGISTRATION IS POSSIBLE UP TO THE DATE OF THE CAMP BUT LATE REGISTRANTS MAY NOT RECEIVE A T-SHIRT.
- ALL MONEY RAISED WILL BENEFIT THE JCC BOYS BASKETBALL TEAM.
- CONTACT COACH FARIS WITH QUESTIONS (402) 515-0426 or kirk.faris@jccentral.org

Complete and return the attached form to Coach Faris at the HS or Julie at the Cook site.

Follow us on Twitter @jccentralhoops

### THUNDERBIRD BOYS BASKETBALL CAMP

#### **Registration Form**

Complete and return this form to Coach Faris at the HS or Julie at the Cook site.

Student Name_				Current Grade_			
Parent/Guardia	n Name			Parent phone #	!		
Parent Work Ph	none						
Emergency contact Name			_ Emergency Contact Phone				
	le onej						
<u>Youth</u> Small (6-8)	Med (10-12)	Large (14-16)	<u>Ac</u> Small	<mark>lult</mark> Med	Large	XL	XXI

#### **Parents Release and Waiver Agreement**

We (or I) as parents or guardian, hereby give permission for \_\_\_\_\_\_\_\_\_ to participate in Thunderbird Basketball Camp during the summer of 2017. We (or I) hereby release the Johnson County Central Board of Education and all of its employees and camp staff, from all claims on account of any injuries, which may be sustained by our son while attending the Thunderbird Basketball Camp. We (or I) agree to indemnify the JCC Board of Education and all its employees and the camp staff for any claim, which may hereafter be presented by our son as a result of such injuries. I give permission to Kirk Faris, Ben Swanson, and Derek Kuhl to make emergency medical decisions concerning my son in my absence.

Parent or Guardian (Signature)		Date
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