

# THUNDERBIRD



3<sup>RD</sup> - 5<sup>TH</sup> GRADE



## BOYS BASKETBALL CAMP

THE JCC HIGH SCHOOL BOYS BASKETBALL STAFF IS OFFERING AN OPPORTUNITY FOR CURRENT (2017-18) 3<sup>rd</sup> through 5<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 29, 30, 31
- TIME: 1:00-3:00 pm
- WHERE: JCC HS GYMNASIUM, TECUMSEH
- CAMP FEE \$30/ATHLETE
- MAKE CHECK PAYABLE TO: JCC
- REGISTRATION AND FEE DEADLINE IS MAY 16<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](mailto:kirk.faris@jccentral.org)



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

# 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/Guardian Name \_\_\_\_\_

Parent phone # \_\_\_\_\_

Parent Work Phone \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

T-Shirt Size (circle one)

**Youth**

Small  
(6-8)

Med  
(10-12)

Large  
(14-16)

**Adult**

Small

Med

Large

XL

XXL

### 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 2018. 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: \_\_\_\_\_