

2018
SUMMER RECREATION
Boys and Girls
BASKETBALL CAMP

LOCATION: Yoakum Jr. High Gym

TIME: 11:00 AM - 12:30 PM

GRADES: entering 3rd – entering 9th

Camp Dates: Monday, June 18th – Thursday, June 21st & Monday, June 25th – Thursday, June 28th

Skills Emphasized at the Camp:

- Dribbling
- Passing
- * Form Shooting
- * Rebounding
- * Defensive Play
- * Footwork

Name: _____ Age: _____ Grade(2017-2018): _____

Home Address: _____ City: _____ Zip: _____

Parent's Name: _____

Phone: Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

WAIVER CLAIM

I as a parent or guardian, hereby give permission for my child to participate in the Yoakum Summer Recreation Basketball camp and acknowledge the fact that he or she is physically able to participate in camp activities. I hereby authorize the directors of the Basketball camp to act for me in any emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son or daughter. I hereby waive any claim that I have against the Yoakum Summer Recreation Basketball camp and the institution providing the facilities (Yoakum ISD/ YISD GYMS).

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

If you have any questions you may contact me at:

Gary Garvin

Phone #: (325) 660-7212

