

TIME TO PLAY BALL!

Erie H.S. Basketball Thanksgiving Youth Camps November 19th, 20th, 21st @ Erie High School

Hosted by Erie High School boys basketball team.

Player's Name _____ Current Grade: _____
Height: _____ Weight: _____ Age: _____ Current School: _____
Parent's Name(s): _____
Email Address: _____
Parent's Cell Phone #: _____

(Circle Session below)

Session: 10:00-11:30am – 3rd-5th Grades (Boys & Girls)
12:00-1:30pm – 6th-8th Grades (Boys & Girls)

SKILLS CLINIC
BALL HANDLING SHOOTING PASSING DEFENSE
REBOUNTING POST-WORK GUARD-WORK
MOST IMPORTANT: HAVING FUN PLAYING BASKETBALL!



Camp T-Shirts: (circle size) YM (10-12) YL (14-16) S M L XL (Additional shirts are \$10.00)



Early Bird Camp Fee: \$45.00* (November 16th Deadline)

Regular/Walk in Fee: \$20/day**

Mail application to:
Erie High School
c/o Boys Basketball
3180 WCR 5
Erie, CO 80516

Make check payable to: Erie High School

***Checks must be received by November 16th. Please do NOT mail cash.**

****All registration after November 16th will be done at the camp. Checks or Cash only**

Contact: Scott Melin at melin_scott@svvsd.org

Parental Authorization

We (or I) hereby authorize the Erie Basketball Camp or its designee, to select hospital facilities and/or a physician of their choice and authorize treatment of the below named applicant on an emergency basis in the event such treatment becomes necessary. We (or I) will be responsible for all medical bills incurred as a result of illness or accident while the below named applicant is taking part in the Erie Basketball Camp. We (or I) hereby release Erie Basketball Camp and all camp employees and its agents from all claims on account of injuries, illness, or disease which may be sustained by the below named applicant while attending the Erie Basketball Camp and we (or I) further agree to indemnify the Erie Basketball Camp, and its agents for any claims which may hereafter be presented by the applicant as a result thereof.

Name of Applicant/Athlete (print): _____ Date _____

Signature of Parent/Guardian(s): _____ Date _____