



JEROME BOYS BASKETBALL CAMP 2010

GRADES 6-8

June 23-24 (Wednesday & Thursday) 6:00 PM – 8.30 PM

DUBLIN JEROME HIGH SCHOOL GYMNASIUMS

For BOYS that will be entering grades 6th, 7th, or 8th in **August 2010**.

COST: \$50.00 per participant if paid by **JUNE 1, 2010**.

\$65.00 per participant if paid after **JUNE 1, 2010**.

Make checks payable to: **DUBLIN JEROME TIP-OFF CLUB** and mail all forms to Gregg Rothermund, DJHS Tip-Off Club Treasurer at the below address:

Gregg Rothermund
7664 Serenity Drive
Dublin, OH 43017

AREAS OF INSTRUCTION

Ball Handling	Individual Offensive Moves
Footwork	Shooting
Rebounding	Motion Offense
Individual Defensive Techniques	Team Defensive Concepts
Transition Game	

AWARDS

1 on 1 Champion	3 on 3 Champion
Free Throw Champion	Jump Shot Champion
Other Competitions	

FEATURES

Instruction by
Jerome High School Coaching Staff / Guest Coaches / Guest Lectures
Each participant will receive a camp T-shirt.
Other awards and / or motivational items will be distributed.

NOTE. All Campers must be covered by medical insurance.

EQUIPMENT NEEDED:

Basketball Shoes	Socks
Shorts	T-Shirt
Water Bottle	



Jerome Boys Basketball Camp

Registration Form

Name _____ Age _____ Grade _____
(August 2010)

Check your T-shirt Size:

Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Address _____

City _____ State _____ Zip _____

Parent's Name _____

Home Phone _____ Work Phone _____

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Parental Consent and Medical Authorization Form

Student's Name _____

Parent's Name _____

Home Phone _____ Work Phone _____

In consideration for my(our) child's participation in the DUBLIN JEROME HIGH SCHOOL BOYS BASKETBALL SUMMER CAMP, I hereby agree and promise that I will not hold the Camp, the Coaches, the Dublin City School District or its employees responsible for any loss, damages or personal injuries that he may receive as a result of said participation.

In the event of any injury, if attempts to contact me, or my spouse, at the above phone numbers are unsuccessful, I give my permission for my son _____ to be transported to the _____ (Name) _____ Emergency Room and for her to be treated by _____ (Hospital of Choice) the medical staff of that facility

I confirm that my son is physically fit to participate in the vigorous activities of this basketball camp.

I further give my permission for his participation in the camp and agree that he is adequately covered by medical insurance.

Insurance Company _____

Policy Number _____

Signature of Parent of Guardian _____

Date _____

