



**JEROME BOYS BASKETBALL CAMP 2011
GRADES 6-8**



June 20-22 (**Monday - Wednesday**) 1:00 PM – 3:00 PM

DUBLIN JEROME HIGH SCHOOL GYMNASIUMS

For **BOYS** that will be entering grades 6th , 7th , or 8th in **August 2011**.

COST: \$60.00 per participant if paid by **May 31, 2011**. \$70.00 per participant if paid **after May 31, 2011**.

Make checks payable to: **DUBLIN JEROME TIP-OFF CLUB**
and mail all forms to **Brenda Christman**, DJHS Tip-Off Club Treasurer at the below address:
Brenda Christman
7152 Rob Roy 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	Ball Handling 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.

Jerome Boys Basketball Camp

Registration Form

Name _____ Age _____ Grade _____
(August 2011)

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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Brenda Christman
7152 Rob Roy Drive
Dublin, OH 43017

In consideration for my(our) son'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)

nearest Emergency Room and for him to be treated by 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 _____