

CLEAR BROOK

CAMP DATE
June 5-June 8

Wolverine Basketball CAMP 2006



Medical Release

Campers rightfully assume that those who are responsible for the conduct of the basketball camp have taken precautions to minimize risk of injury. Nonetheless, participation in sports involves inherent risk of injury. By the process of enrollment, campers accept and assume such risk of injury.

Parent/Guardian

I hereby give my consent for the aforementioned camper to participate in the basketball camp. If at any time it is necessary for the aforementioned camper to receive attention, I hereby give my consent to the camp personnel to secure the services of the physical or medical facility selected and to secure transportation as is deemed necessary. I will not hold the camp or its personnel responsible for any benefits and will secure adequate family insurance coverage if protection is desired.

CAMPER'S NAME:

PARENT/GUARDIAN SIGNATURE:

DATE: _____

CONTACTS:

dmartine@ccisd.net

(o)281.284-2163

4607 FM 2351

Friendswood, Texas 77546

Basketball CAMP FEATURES

Application



What To Expect

- Offensive Fundamentals
- Defensive Fundamentals
- Shooting
- Passing
- Screening
- Rebounding
- Individual skill work
- *Post Development
- *Guard Development
- Wolverine Team Building
- 5 on 5 Team Play



June 5 -8, 2006

9am-12 pm

3rd-6th grades

1pm-4pm

7th-9th grades

Player's Name: _____

Grade next school year: _____

Age: _____ T-shirt size: _____

Parent's Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Check one:

() Elementary

() Intermediate

() Entering 9th grade

COST: \$85 per camper

Make check payable to

<David Martinez>

Send Camp Form/Payment to:

C/O David Martinez

Clear Brook High School

4607 FM2351

Friendswood, TX 77546