



Willowbrook Basketball 8th Grade Boys Skills and Team Camps

8th Grade Boys have the opportunity to participate in two different camps

Skills Camp

Location: Willowbrook Middle School

Dates: June 25th to June 29th **Time:** 10:15am-11:45am **What to wear:** Shorts and a t-shirt

Cost: \$30 (see registration form below for special pricing options)

This camp will focus on the three building blocks of the game:

· Ball-Handling · Shooting · Footwork

Team Camp

Location: Willowbrook Middle School

Session 1

Dates: June 27th to July 1st **Time:** 10:30am-12:30pm **What to wear:** Shorts and a t-shirt

Cost: \$40 (see registration form below for special options)

Session 2

Dates: July 25th to July 29th **Time:** 10:30am to 12:30pm

Cost: \$40 (see registration form below for special options)

These camp sessions will focus on the following team concepts:

· Motion and Zone Offense · Man-to-Man Defense · Full Court Defense · Fast Break Offense

Both Camps will be instructed by Matt Yarc WMS Varsity Boys Basketball Coach

8th Grade Boys Basketball Camps Registration

Child's Name _____ D.O.B _____

Child's Address _____

Child's Grade (2011-2012 School Year) _____

Parent's Name(s) _____

Parent's Home Phone Number _____

Parent's Cell Phone Number _____

Please circle your child's t-shirt size: YS YM YL AS AM AL AXL

Camps and Pricing Options

____ Skills Camp(only) \$30.00

____ Skills Camp + 1 Team Camp \$60.00

____ Skills Camp + 2 Team Camps \$90.00

____ Team Camp(only) \$40.00

____ Both Team Camps \$65.00

Please return this form along with payment to the Willowbrook school office. Checks can be made payable to Willowbrook Middle School. Any questions should be directed to Matt Yarc by phone at 779-770-5257 or via E-mail at mjyhoopscoach@gmail.com.

I hereby grant permission for my child to participate in Willowbrook Basketball Camp(s). I believe and do not hold liable the school, Matt Yarc or any representative of the camp from claims of any damages or injuries received in activities of the camp(s). In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered, based on the recommendation of the nearest physician and medical facility.

Emergency Contact Name and Phone Number _____

Parent's Signature _____