**2018 EDMONSON COUNTY WILDCAT**

**BASKETBALL CAMP**

The 2018 Edmonson County Wildcat Basketball Camp will be held on Saturday October 20th, and Saturday October 27th at the ECHS gymnasium.

The camp will emphasize fundamental basketball skills while providing a safe and fun environment for all campers. The Wildcat coaching staff and current players will work with the campers during both sessions. We will focus on the fundamentals of shooting, passing, ball handling, and defense in daily stations. Our goal is that each camper will improve and have fun while further developing their love for the game of basketball.

The total cost of the camp is $30. Every camper that registers by Friday October 12th will receive a Wildcat Basketball Camp T-shirt. Checks should be made payable to Edmonson County Boys Basketball Boosters, and returned with the application below. Please ensure your application is turned in by 10/12/18 to guarantee a shirt, and the correct size.

Camp Times:

Grades 1-4 8:30 am – 10:00 am Grades 7-8 12:30 pm – 2:00 pm

Grades 5-6 10:30 am – 12:00 pm

SEND CHECK AND APPLICATION TO:  
Wildcat Basketball Camp

Attn: Coach Mike McClintic

220 Wildcat Way, Brownsville KY 42210

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2018 Wildcat Basketball Camp

Camper’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade\_\_\_\_\_\_ Age\_\_\_\_\_\_ T-shirt Size\_\_\_\_\_\_(YS, YM, YL, AS, AM, AL, AXL)

I understand that each camper is responsible for all medical bills incurred while at the camp. I also hereby authorize the directors of the ECHS Wildcat Basketball Camp to act for me according to their best judgement in any emergency requiring medical attention. I relieve all directors, staff members of ECHS, and camp volunteers of any liability concerning medical attention.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company and Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_