

Edmonson County High School Boys Youth Basketball Camp

June 6-9, 2016

8:00 am – 12:00 pm

Grades: 3rd – 8th

Camp Fee: \$30*

Register on day of camp or through mail

Camp Directors

- Mike McClintic**, ECHS Boys Basketball Coach
- over 34 years of coaching experience
- Kevan Alford**, ECMS Boys Basketball Coach
- over 8 years of coaching experience

Facilities

Edmonson County High School Gymnasium

Activities

Each day campers will participate in fundamental basketball drills, hotshot shooting, free throw shooting, 1 on 1 competition, and 3 on 3 competition.

*Fee Includes: Camp t-shirt, daily drink/snack, trophies to winners of hotshot, free throw, 1 on 1 and 3 on 3 competitions.



Basketball Camp 2016

Registration Form

Name _____ Age _____

Address _____

City _____ State/Zip _____

Parent/Guardian Email _____

Current School _____ Grade (Fall 2016) _____

Total Amount Enclosed \$ _____ Shirt Size YS YM YL S M L XL

Payment is due in FULL with Registration Form. Please send payment to: **ECHS Boys Basketball Camp, Attn: Mike McClintic 220 Wildcat Way Brownsville, KY 42210**. Once registration is received, an email confirmation will be sent. For more information, call Coach McClintic or Coach Alford at 270-597-2151.

* Any camper who registers before the start of camp will be placed in a drawing for daily prizes.

Medical Release and Parental Consent

My child has permission to participate in the ECHS Boys Basketball Camp. I certify that my child has been examined by physician and found to be in good health, and able to compete in all camp activities. I fully realize that injury or illness to my child could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child. I further acknowledge that ECHS Boys Basketball Camp and anyone associated with the camp will not be liable for any damage from injuries or illness sustained at the camp.

Parent/Guardian (Print) _____ (Signature) _____

Day Phone _____ Cell Phone _____

Allergies _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Medical Issues/Restrictions: _____

Note: Registration form is not complete unless the medical release is properly completed and signed

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