

2015 LITTLE DRIBBLERS

LIMITED TO FIRST 75 SIGN UPS!!!!!!!!!!!!!!!!!!!!

It's that time of year again, Little Dribblers basketball camp signups are here. The camp will instruct on the **FUN**damentals of; dribbling, passing, shooting, defense, position play and floor instruction. Instruct and develop a program ending performance at a High school basketball game and a WKU basketball game. **APPLICATIONS ACCEPTED NOVEMBER 7TH FROM 3PM TO 7PM AT EDMONSON COUNTY MIDDLE SCHOOL.**

NAME: _____

GRADE: _____ SCHOOL: _____

SHIRT SIZE: YXS YS YM YL AS AM AL AXL 2XL AND ABOVE ADD \$3

SHORTS SIZE: YXS YS YM YL AS AM AL AXL 2XL AND ABOVE ADD \$3

ADDITIONAL SHIRTS AND SHORTS \$ 10 EACH SIZES YXS TO AL 2XL AND ABOVE ADD \$3

PARENT/GUARDIAN NAME: _____

PHONE: _____ ALTERNATE PHONE AND NAME: _____

FEE: \$45 PER CAMPER

MAKE CHECKS PAYABLE TO LITTLE DRIBBLERS/ JASON DECKER

FEE INCLUDES; SHIRT, SHORTS, INSURANCE, INSTRUCTION UP TO 3 DAYS PER WEEK UP TO 6 WEEKS, 1 NIGHT OUT WITH ALL CAMPERS, 1 HIGH SCHOOL PERFORMANCE, 1 PRACTICE AT WKU, 1 WKU PERFORMANCE.

BY SIGNING THIS FORM BELOW I HEREBY CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL CONDITION TO PARTICIPATE IN THE ABOVE NOTED BASKETBALL CAMP. I GIVE PERMISSION FOR EMERGENCY TREATMENT TO BE GIVEN TO MY CHILD IN THE EVENT OF AN EMERGENCY, INJURY OR ILLNESS. I RELEASE THE EDMONSON COUNTY SCHOOL SYSTEM, BOARD AND ALL OF ITS MEMBERS, AS WELL AS THE EDMONSON COUNTY SCHOOL FACILITIES, JASON DECKER AND HIS STAFF/VOLUNTEERS OF ANY AND ALL LIABILITIES IN CASE OF AN INJURY OR ILLNESS RESULTING FROM PARTICIPATION IN THIS CAMP. I UNDERSTAND THIS CAMP IS AT MY OWN ELECTION OF MY CHILD PARTICIPATING.

SIGNED _____ DATE _____

QUESTIONS CONTACT

JASON DECKER 270-597-7134