



CAMP INFORMATION

REGISTRATION DEADLINE: JUNE 1st, 2009

Cardinal Basketball Camps offered for Summer 2009: Keep top portion for future reference!

1. Monday June 15th – Thursday June 18th: “LITTLE CARDINALS” YOUTH SKILLS CAMP @ MHS from 1:00 – 2:30 PM.
Camp cost - \$25. Includes camp T-Shirt. Camp is for *next year's* grades 1-2.
 2. Monday June 22nd – Thursday June 25th: “FUTURE CARDINALS” SKILLS CAMP @ MHS from 1:00 – 3:00 PM.
Camp cost - \$40. Includes camp T-Shirt. Camp is for *next year's* grades 3-4-5-6.
 3. Monday June 15th – Thursday June 18th: “THE CARDINAL WAY” PERIMETER/POST SKILLS CAMP @ MHS from 3:00 – 5:00 PM. Camp cost - \$50. Includes camp T-shirt. Camp is for *next year's* grades 7-8-9.
 4. Monday June 22nd – Thursday June 25th: “THE CARDINAL WAY” SHOOTING CAMP @ MHS from 3:00 – 5:00 PM.
Camp cost - \$50. Includes camp T-shirt. Camp is for *next year's* grades 7-8-9.
- Register for both “Cardinal Way” camps for just \$75 (a savings of \$25!)

QUESTIONS? Camp Director: e-mail Jason McConnell –marshallcardinals@yahoo.com

- Return the bottom portion of this sheet with check payable to “MARSHALL BOYS’ BASKETBALL” to register for camp!

CAMPER INFORMATION / REGISTRATION

Name _____ Address _____

City _____ Zip Code _____ *Grade (2009-10) _____ *Next year's grade!

Check the appropriate camp(s).

1. _____ “LITTLE CARDINALS” BOYS’ BASKETBALL YOUTH SKILLS CAMP (Gr. 1-2) \$25
2. _____ “FUTURE CARDINALS” BOYS’ BASKETBALL SKILLS CAMP (Gr. 3-6) \$40
3. _____ “THE CARDINAL WAY” PERIMETER/POST SKILLS CAMP (Gr. 7-9) \$50
4. _____ “THE CARDINAL WAY” SHOOTING CAMP (Gr. 7-9) \$50

“Cardinal Way Combo”
Register the same 7th-9th camper
for both Camp #3 & #4 for \$75.00
total instead of \$100.00!

Check both Camp #3 AND Camp #4 when registering for the “Cardinal Way” Camp Combo.

T-Shirt Size (circle): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

CONTACT INFORMATION: Mom’s Name - _____ Dad’s Name - _____

Name / Home phone _____ / _____

Name / Cell phone 1. _____ 2. _____

Emergency contact and number _____

Email address _____

Clinic and phone number _____

I certify that my child is physically able to participate in all camp activities:

YES _____ NO _____ *Please explain a **NO** response and list any limitations coaches should be aware of (inhaler needed; brace that should be worn; etc.).*

I grant permission for my son/daughter to participate in the 2009 “Cardinal Basketball Camps”. I also grant permission to directors and coaches of the camps to act for me according to their best judgment in any emergency requiring medical attention. I understand that as the parent/guardian of the registered camper, that I will be providing insurance for my son. I hereby release, exonerate, and discharge the camp, its directors and coaches, and the Marshall School District from any and all actions or liability, known or unknown for any possible injuries incurred while my son is participating in this camp. I also acknowledge that my child has had a doctor’s physical examination within 2 years of the chosen camp dates indicating that they are able to fully participate in a physically active camp with the above listed limitations.

Parent or guardian signature _____ Date _____

Send completed registration form and check payable to “MARSHALL BOYS’ BASKETBALL” to:

Jason McConnell – Marshall Boys’ Basketball
Marshall High School 623 W. Madison St. PO Box 73 Marshall WI 53559