

The San Ramon Valley
Boys Advanced Basketball Skills Camp
For Incoming 9th - 12th Grades

June 15 - July 17 Summer 2009 8:25 am - 10:25 am

Camp Overview: *This camp is designed for the highly motivated basketball player who has a desire to compete at the high school level.*

This is a rigorous camp with the main focus to improve fundamental skills over the course of the summer. Fun, and daily skill instruction in a competitive environment is what you will find at this camp.

Instructional Focus: We believe the reinforcement of proper fundamentals cannot be over stressed!
Shooting (Form Shooting, Jump Shots, Lay-Ups, Post Moves) Fast Break Skills
Offensive Moves, Dribble Moves, Team Offense/ Conditioning (heavy ropes)
Defense (On Ball/Off Ball, Handling Screens, Point Stance, Team D)

Note: This Camp is the Primary Fund Raiser for the SRV Men's Basketball Program
Open to any young man going into the 9th -12th grades.

Camp Cost, Dates, and Times:

Our Camp will be conducted Monday thru Friday Cost \$350.00

Dates: June 15 - July 17

Time: 8:25am - 10:25 am

All Fees/All Forms are Due by May 15, 2009

Camp Coordinator: John Raynor, Men's Basketball Coach at S.R.V. for 20 years
Coach Raynor and assistants will organize and coordinate the camp.

Inquiries: 552-3005 or jraynor@srvhs.org

Camp Location: Auxiliary Gym at San Ramon Valley High School - 501 Danville Blvd., Danville, CA 94526
(Home of the 1989, 1991, 1992, 1998, 2005 NORTH COAST SECTION CHAMPIONS)

Registration: **Fill out form and mail with check payable to: S.R.V.H.S. Men's Basketball Club**

send to: John Raynor, Basketball Camp Coordinator
San Ramon Valley High School
501 Danville Boulevard
Danville, CA 94526

Confirmation: Your check will secure your son's place in our camp; No confirmation will be sent

-----Detach and Mail With \$ 350.00 Check and Waiver of Liability-----

Advanced Basketball Skills Camp 9 - 12th Grades

CAMPER NAME(Print) _____ AGE _____ GRADE GOING INTO _____

Parent Name(Print) _____

Address _____ City _____ Zip _____

Insurance Carrier _____ Policy Number _____

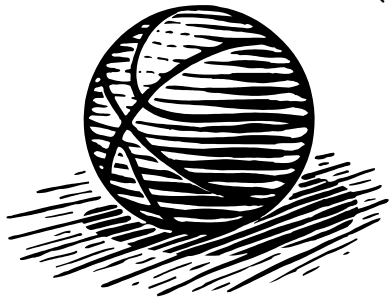
* * **(Circle One)** Sleeveless - Shirt sizes: Med. Lg. XI XXL

Work Phone# _____ Home Phone# _____

Emergency phone # _____ Mobile (cell) # _____

Parent E-mail Address _____

The
San Ramon Valley
(Summer 2009)
Boys
Advanced Basketball
Skills Camp
(For 9th - 12th Grades)



June 15 - July 17, 2009

(Monday - Friday)

8:25 am to 10:25 am

Location:

Auxiliary Gym

San Ramon Valley

High School

501 Danville Boulevard

Danville, CA

Camp Coordinator- John Raynor (jraynor@srvhs.org)

PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY CAMP PARTICIPATION

PARTICIPANTS NAME: _____

ADDRESS: _____

SCHOOL: _____

GRADE: _____ AGE: _____

NAME OF CAMP: _____

I hereby give my consent for the above named student to compete and participate in the above referenced Camp. I, the undersigned, hereby release and discharge both the organizers and operators of the "Camp" and the San Ramon Valley Unified School District, their officers, employers, agents, servants and volunteers (herein collectively referred to as "Camp/District") from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any causes including the active or passive conduct and/or negligence of the Camp/District.

I acknowledge on my behalf and on the behalf of the above named minor that there are risks that are inherent in the above described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, Camp/District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

I also represent that the above named participant has undergone a medical examination by a licensed physician within one year preceding the date this document is signed, is in good health, and fully able to participate in the activities provided by the camp, including activities which are strenuous in nature.

I have carefully read this waiver and release of ability and fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named participant/minor and myself.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Participant's Signature

Date

Participant Print Name