The San Ramon Valley

(Summer 2010)

Boy's Basketball Youth Developmental Skills Camps

3rd - 8th Grades



June 14 - June 18 6th-8th grades fundamentals

June 21 - June 25 3rd-5th grades fundamentals

June 28 - June 30 5th-8th grades ball handling & shooting

July 5th - 9th 6th-8th grades Competition Camp-focus on games

Location:

Auxiliary Gym

San Ramon Valley

High School
501 Danville Boulevard
Danville, CA 94526
Camp Coordinator, John Raynor (jraynor@srvhs.org)

The San Ramon Valley Youth Boys Basketball 2010 Skills Camp

<u>Camp Objective:</u> All camps will emphasize daily skill instruction. Our camps

are provided to promote fundamental skill development.

FUNdamentals are the Key to becoming a solid basketball player.

Instructional Focus: Fundamental skill emphasis in everything we teach

Footwork, Ball Handling, Passing, Shooting, Games & Competition

Note: Camps are the Primary Fund Raiser for the SRV Men's Basketball

Camp Cost: = Camp T Shirt, Instruction, Supervision, Competition

 6^{th} , 7^{th} , 8^{th} Grades Fundamental Skill Camp \$175.00 June 14 – June 18 10:30 am –12:30 3^{rd} , 4^{th} , 5^{th} Grades Fundamental Skill Camp \$175.00 June 21 – June 25 10:30 am – 12:30 5^{th} – 8^{th} Grades Ball Handling/Shooting Camp \$100.00 June 28 – June 30 10:30 am – 12:30 6^{th} , 7^{th} , 8^{th} Grades *Competition Games Camp \$175.00 July 5^{th} – July 9^{th} 10:30 am –12:30

(* indivdiual skill, shooting, 10n1, 3on 3, Full court game competitions)

Limited Space - Sign Up Now

All Fees/ Applications/Waivers are Due by May 21, 2010

Camp Coordinators: John Raynor Varsity Coach and SRV Basketball Coaching Staff

<u>Camp Location:</u> San Ramon Valley High School Coordinator email: jraynor@srvhs.org

Registration: Fill out form and mail with check payable to: SRVHS Men's Basketball Club

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

	<i>C</i> • ••	3/ 1 1			,		
•	Ontirmation	Vour check	TA71	secure vour s	nn'c r	112 <i>C</i> O 111 011	rcamn
•	OIIIIIIIIIIIIIIIIII	I UUI CIICCN	** 111	sccurc vour s	UII 3 L	nace m ou	ı camıb,

Home Phone#_

Emergency Phone #_

	No confirmation will be sent.										
Detach and Mail with Check and **W	aiver of Li	ability	** <u>-</u>								
Please Circle the Camp(s) your son will attend											
> 6th,7th ,8th Grades Fundamental Skill Camp \$175.00			10:30 am -12	:30							
> 3rd,4th, 5th Grades Fundamental Skill Camp \$175.00	June 21 -	June 25	10:30 am - 12:	2:30							
> 5th - 8th Grades Ball Handling/Shooting Camp \$100.00	June 28 -	June 28 - June 30 1									
> 6th,7th,8th Grades Competition Games Camp \$175.00	July 5th -	July 5th - July 9th 10									
CAMPER											
NAME(Print)ParentSig											
Parent Name(Print)	Age	_Grade (Going Into_								
AddressCi	ty	Zip									
Insurance CarrierPolicy N	Policy Number										
Parent - E-mail Address											
> CIRCLE Adult Shirt Size: Small Medium	Large	XL	XXL								

Work #_

CELL #_

PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY - CAMP PARTICIPATION PARTICIPANT'S 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.

Date

Date

Parent/Guardian - Please Print Name

Participant - Please Print Name

Parent/Guardian Signature

Participant's Signature