



2010 YMCA BASKETBALL CAMP

Staff Initials: _____

Date: _____

Amt. pd. _____

Cash _____

Check # _____

Credit _____

REC# _____

The camp will be led by Terry Hayes (Former Hopkinsville High School Head Basketball Coach)

WHEN: February 12, 13, and 14th

TIME: Ages 6-8: Fri.6-7:00, Sat.1-2:30, Sun.2-3:00 pm
Ages 9-12:Fri. 7-8:00, Sat. 3-4:30, Sun.3-4:00pm

DEADLINE: Registrations Due by Feb. 11th

HOW TO PAY: Send Registration/Check to YMCA
7805 Eagle Way Bypass Hopkinsville, KY

COST: Members- \$40 & Non-Members- \$50

WHAT TO WEAR: Gym Shoes/Basketball Shoes, & Athletic Clothes

WHO: Anyone Interested, Ages 6 – 12

Please complete all information requested below.

Participant Name: _____ Birthday: _____

Age: _____ Gender: _____ Grade: _____

Please **circle** shirt size: YXS YS YM YL AS AM AL AXL
2-4 6-8 10-12 14-16

E-mail: _____

Address: _____ City, Zip: _____

Home Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

If parents are divorced/separated who is custodial parent? _____

Information: *The camp will emphasize the fundamentals of the game of basketball, and will be led by former HHS Head Basketball Coach, **Terry Hayes**. Special focus will be placed on improving player's technical abilities (Dribbling, Passing, and Shooting), while also increasing player's coordination and confidence. Innovative drills will allow each player the maximum number of touches on the ball and small-sided games will help develop player's overall offensive and defensive knowledge and skills. YMCA Staff and local High School players may also assist with the coaching. All participants will receive a camp t-shirt at the end of camp..*

Emergency Contact: _____ Phone: _____

Special needs or disabilities of applicant: _____

I acknowledge that the Hopkinsville Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in the activities of the YMCA soccer program, I do hereby agree to hold free from any and all liability the Hopkinsville Family YMCA, and its respective officers, employees and volunteers, and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare participant to be physically sound, having medical approval to participate in the activities of the YMCA soccer program. I have read and understand this application and agree to abide by all YMCA guidelines.

Signature of Parent/Legal Guardian: _____

The YMCA is a United Way agency and offers financial assistance, as funds are available.