

# 2019 IRONMEN BASKETBALL CAMP

## BOYS ENTERING GRADES 2-6

### CAMP INFORMATION

- Date: May 28<sup>th</sup> — May 30<sup>th</sup>
- Time: 9:00 a.m.—11:30 a.m.
- Location: Jackson High School Field House
- Cost: \$30      First child \$30 - Each additional sibling \$20
- Make Checks payable to **Jackson Boys Roundball Club**
- \*For additional information contact Coach Morrow at 740-710-0318 or email at [mmorrow@jcs.k12.oh.us](mailto:mmorrow@jcs.k12.oh.us)

### CAMP FEATURES

- Instruction on basketball fundamentals (dribbling, passing, and shooting)
- Skill contests (Free Throw Competition, Knockout, Dribble Knockout, Hotshot, etc.)
- Daily games (1 vs. 1, 3 vs. 3, and 5 vs. 5)
- Meet the Jackson Boys' Basketball staff and some of the current high school players
- Camp T-shirt for every camper

**Come join us for a great camp! Good instruction and a lot of fun!**

- Can bring registration form and check on first day of camp, or
- Can mail registration form and check to:

Jackson High School  
Boys Basketball  
500 Vaughn Street  
Jackson, OH 45640

**T-Shirt Size:** Please circle size

Youth Medium    Youth Large

Small            Medium

Large            X-Large

2X-Large        3X-Large

**Camper Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone # \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any Medical Conditions we should be aware of?  
\_\_\_\_\_

By my signature below, I authorize the Jackson Ironmen Basketball Staff or anyone acting on their behalf to act in my stead for the purpose of acquiring emergency medical attention for my son or ward and I impose upon the assumptors the responsibility to act with reasonable care and caution in treating injuries and waive all liability against Jackson City Schools, Jackson Roundball, and/or Jackson Basketball Staff, for any injuries or illness incurred while at camp. By my signature, I warrant that my son or ward is in good physical condition, has no undisclosed medical conditions, illness or disabilities and is capable of full and active participation in this camp.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_