

# 2010 3<sup>rd</sup>- 6<sup>th</sup> BASKETBALL SKILLS CAMP

Offered by:  
**City of St. Johns Recreation Department**  
In conjunction with  
Basketball University  
Sponsored by:  
**St. Johns Community Education**



WHO: Boys & Girls, 3rd through 6th grade  
WHAT: 3<sup>rd</sup> – 6<sup>th</sup> Grade Basketball Skills Camp 2010: Basketball University Sports and Events LLC will provide instruction on skill development to help with ball handling, shooting, and understanding team play. Each week your child will get 20-30 minutes of skill development drills and 30-40 minutes of simulated games situation drills. These game situation drills will start with one-on-one and progress to five-on-five. Your child will get helpful information that will prepare them to better understand the game of basketball. See their website [www.bballuniversity.com](http://www.bballuniversity.com) to get more information about them.  
WHERE: Oakview South, Gateway North Elementary  
WHEN: Saturdays: February 13, 20, 27 and March 6, 13, 20  
TIME: Skill Development/Instinctive Game Play runs from late morning to early afternoon.  
Each Session is 1 hour long  
COST: \$48.00 when pre-registering for six weeks or drop in \$12 per week for St. Johns School District Residents, \$55 when pre-registering for six weeks or drop in \$15 per week for non-St. Johns School District Residents. Pre-registration deadline: February 5, 2010.  
**\* Drop-ins allowed only if space permits \***  
QUESTIONS: Contact Recreation Department at 224-8944 ext. 227

MAKE CHECK PAYABLE TO: City of St. Johns  
MAIL REGISTRATION TO: P.O. Box 477  
St. Johns, MI 48879  
Attn: Bidy Basketball

**Keep top portion for your information – Please see website for more Winter Activity Information**

Full Fee Must Accompany Each Registration - One Child Per Registration Form (Please Print)

Childs Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/recreational activities on City property or properties used for City recreational activities. By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns, St. Johns Public Schools, St. Johns Community Education and any of its employees or agents from all such claims, lawsuits, actions and/or damages.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_