

Stars of Tomorrow



Individual Basketball Camp

********** $^{\wedge}$ $\stackrel{\wedge}{\Rightarrow}$ Camp Concept Who: Boys and Girls ☆ ☆ $\stackrel{\wedge}{\Rightarrow}$ Individual attention from Ft. Payne HS ☆ ☆ • basketball coaches, current players, and Pre-School through Middle School **★** Ages: $\Rightarrow \Rightarrow$ \star alumni players ☆ ☆ ☆ $\stackrel{\wedge}{\swarrow}$ ★ Where: Fort Payne High School $\Rightarrow \Rightarrow \bullet$ Concentration on condensed age range $^{\wedge}$ $\stackrel{\wedge}{\Rightarrow}$ \bigstar Learning Basic Fundamentals $\stackrel{\wedge}{\Rightarrow}$ **When:** May 28-30, 2019 **Daily Schedule** $\stackrel{\wedge}{\cancel{\sim}}$ ☆☆. $\stackrel{\wedge}{\Rightarrow}$ Ball Handling Time: 8:30 a.m.—11:30 a.m. \star Fundamental Station Work $\stackrel{\wedge}{\cancel{\sim}}$ Cost: \$50 per Child or \$40 per child if more ☆ ☆ • **Shooting Techniques** $\stackrel{\wedge}{\nearrow}$ than one child participates per family. $\stackrel{\wedge}{\longrightarrow}$ $\stackrel{\wedge}{\cancel{\sim}}$ Competitive Contest $\stackrel{\wedge}{\Rightarrow}$ ALL PARTICIPANTS RECEIVE A FREE T-SHIRT Team Play $\stackrel{\wedge}{\cancel{\sim}}$ ☆ ☆ • $\stackrel{\wedge}{\mathbb{A}}$ $\frac{1}{2}$ $\stackrel{\wedge}{\Rightarrow} \stackrel{\wedge}{\Rightarrow}$ $\stackrel{\wedge}{\Rightarrow}$ ********* **Pre-registration locations:** Ft. Payne HS Main Office Registration can be mailed to: **Attention: Steve Sparks** You may also register on the 1st day of camp Fort Payne High School 8:00-8:30 @ Fort Payne High School 201 45th Street NE Front Gym Lobby Fort Payne, AL 35967

Name							T-9	Shirt Size
Address	Street Address			City	State	Zip	YM	
Grade enteri	ng Fall 2019		Male □	Female □		·	YL	
Guardian Phone No.				Emergency Phone No.			AS	
Amount P	aid:						AM	
	Cash	Guardian	Guardian Name (Print)					
Check Guardian's Signature							AXL	. 🗆
I(Parent's Name) certify that as the parent or legal guardian of								
(Camp Participant) agree to accept full responsibility for any expenses or for any accident, injury or illness which my child may incur as a								
result of participating in the Fort Payne Basketball Camp. I further agree to release the City of Fort Payne, Fort Payne Basketball Camp								
Staff, and Fort Payne City Schools from future liability related to my child's participation.								
Parent(s) or Guardian's Signature:								
Email:								