

# DELANO BOYS BASKETBALL CAMP

## GRADES 1<sup>ST</sup>-8<sup>TH</sup> (next school year)

Youth in grades 1-8 (2015-2016 school year) can improve their basketball skills by attending the Delano Boys Basketball Camp. The camp will concentrate on basketball skills such as dribbling, passing, shooting and rebounding. The camp will also include games and contests. Participants registered before May 31<sup>st</sup> will receive a camp t-shirt. This program is part of the Delano Basketball Program but is not part of Community Ed.

**Who:** 1<sup>st</sup>–8<sup>th</sup> Grade Boys (Grades are for the 2015-2016 school year)

**When:** Monday – Thursday for 2 weeks – July 13<sup>th</sup> – July 23<sup>rd</sup>

**Times:** Grades are for the 2015-2016 school year.

11:30 – 12:45 – 5<sup>th</sup> and 6<sup>th</sup> Grade at TAC

12:45 – 2:00 – 7<sup>th</sup> and 8<sup>th</sup> Grade at TAC

11:15 – 12:15 – 3<sup>rd</sup> and 4<sup>th</sup> Grade at ELEMENTARY SCHOOL

12:15 – 1:00 – 1<sup>st</sup> and 2<sup>nd</sup> Grade at ELEMENTARY SCHOOL

**Cost:** (Make checks out to Delano Boys Basketball)

5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> Grade -- \$80

3<sup>rd</sup> and 4<sup>th</sup> Grade -- \$70

1<sup>st</sup> and 2<sup>nd</sup> Grade -- \$60

**Camp Coordinator:** Terry Techam, Delano Head Boys Basketball Coach

Questions contact Coach Techam at [techam@frontiernet.net](mailto:techam@frontiernet.net)

Please turn your registration form into the Delano Elementary School Office in care of Cheryl Schleper or the Delano Middle School Office in care of Julie Longstreet. Registration Deadline is May 31st.

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**Players Name** \_\_\_\_\_

**Grade (2015-2016 school year)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**T-Shirt Size (Circle) YM YL AS AM AL AXL AXXL**

As lawful consideration for being permitted to participate in the Summer Basketball Program, I agree that the Delano Basketball Association and its volunteers shall be held harmless and exempt from liability for any injury or disability which I or the participant of the program listed above might incur as the result of participation in the program.

I hereby acknowledge that my child is medically fit to participate in the Summer Basketball Program, and I authorize the coaching staff to secure medical treatment deemed necessary.

With my signature, I verify I have read the above release statement.

**Parent or Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_