



May 29 **and** May 30-- Tri County Team Camp

## 3<sup>rd</sup> -5<sup>th</sup> grade Schedule

**May 29-30**

3<sup>rd</sup> - 5<sup>th</sup> grade - 8am - 9am - In elementary gym

## Schedule for 6<sup>th</sup> - -12<sup>th</sup> Grade

**May 29-30**

6<sup>th</sup> - 8<sup>th</sup> grade - 9am - 10:30pm - In elementary gym

9<sup>th</sup> - 12<sup>th</sup> grade - 10:30pm - 12:00pm - in high school gym

### **Camp Focus**

Commitment to Excellence

Team Focus

Skill Development

### **Camp Mission Statement:**

The purpose of the Tri County basketball camp is to provide those who participate in the program:

- Opportunity to further skill development and development of personal relationships
  - A sense of spirit, pride and enthusiasm of participants and spectators from the skill development within the camp

This basketball camp is based on a simple philosophy. We want to make your young men TEAM BASKETBALL PLAYERS and in doing so to achieve the higher goal of helping them to be better people. During this camp TEAM will be emphasized while keeping the focus on skill development.

**Tuition**

Cost: \$35.00 per camper

T-shirts will be given out May 30th

**Registration Form**

Sign up for: Time & Price

- High School Session
- Middle School Session
- Kids Camp Session

Campers Name\_\_\_\_\_ T-Shirt Size\_\_\_\_\_

Home Phone\_\_\_\_\_

Parent's Name\_\_\_\_\_

Grade Next Year\_\_\_\_\_ **Shirt Size--** Youth - S M L XL      Adult - S M L XL 2XL

RELEASE FORM

The following is a waiver and release from any and all liability for injuries while at camp. I hereby give consent for my son,

\_\_\_\_\_ to attend Tri County

Basketball Camps. I will not hold the school district or employees of camp responsible in case of accident or injury during camp activities. I hereby release the basketball camp staff and Tri County High School employees from all claims resulting from injuries which may be sustained by my child while attending the camp, and for any claim which may hereafter be presented by camper as a result of any such injury.

Family Doctor and Phone: \_\_\_\_\_

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

**Checks made out to: Cory Jensen      Please return by May 12**

