

2009 Craig Cox Basketball Camp

At Washburn Rural High School

When:

Monday June 1st – Thursday June 4th

- | | | |
|---|--------------------|-------------|
| • 1 st & 2 nd grades | 8:00am to 9:30am. | \$25 |
| • 3 rd & 4 th grades | 8:00am to 10:30am. | \$50 |
| • 5 th & 6 th grades | 9:30am to 12:00pm. | \$50 |
| • 7 th & 8 th grades | 10:30am to 1:00pm. | \$50 |
| • 9 th – 12 th grades | 1:00pm to 3:30pm. | \$50 |

Cost:

Girls may attend this session.

Extended summer instruction:

Monday June 8th – Friday July 17th (Mon, Tue, Thur, Fri) Except for July 2nd & 3rd.

- 9th – 12 grades 9:30am to 11:30am. **\$50**

Where: All participants should report to Gym A at the high school.

Purpose:

To teach and practice basketball fundamentals. An emphasis will be placed on shooting technique and individual development.

Person in Charge:

Craig Cox, Varsity Boys Basketball Coach at Washburn Rural High School.

Insurance: Supplemental insurance is provided for all participants.

Questions ?

Please call Craig Cox at **339-4259** (school) **266-3091** (home) **221-8160** (cell).



----- **Cut and return the bottom of this sheet with your payment.** -----



NAME OF PLAYER _____

ADDRESS _____

SCHOOL _____ GRADE (2009-2010) _____

SHIRT SIZE: (Please Circle) YS YM YL S M L XL XXL

Parent or guardian must sign this form giving permission to attend this clinic.

I approve of the clinic personnel who will be in charge of this activity. Realizing that the leaders are serving to the best of their ability and in consideration of the benefits to be derived by the participant concerned, I hereby voluntarily waive any claim against the clinic personnel or USD 437 for any and all causes which may arise in connection with this activity. This activity is not sponsored by Auburn Washburn School District USD 437 and the school district is not responsible for any loss or injury resulting from participation in the activity or observing the activity. I also certify to the best of my knowledge that the participant named here on is physically fit to engage in all clinic activities.

Parent or guardian signature: _____ Date: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Please make checks payable to Craig Cox.
 Completed registration form may be mailed or delivered to:
 Washburn Rural High School
 % Craig Cox
 5900 SW 61st Street
 Topeka, KS 66619