



### After Thanksgiving Day Skills Camp

**Date:** Friday, November 28th

**Time:** Girls Session | Grades 5-9 | 12 - 2pm  
Boys Session | Grades 5-9 | 2 - 4pm

**Location:** Victoria Recreation Center  
8475 Kochia Lane  
Victoria, MN 55386

**Cost:** \$40 **PLEASE BRING A BASKETBALL!**

*"Pure Intensity Basketball is an exceptional skills development program, their attention to detail and passion for the game are second to none. I would highly recommend Pure Intensity to anyone wanting to take their game to the next level."*

Every player gets a copy of our **FAST - Functional Advanced Skills Training Program!**



LINDSAY WHALEN MINNESOTA LYNX

*"Our goal is to produce fundamentally sound basketball players who play hard, understand the game, and are capable of competing at a national level. Our approach to this process includes intense, innovative skill development training, becoming a student of the game and understanding that the best way to reach your goal is through persistence, discipline, and commitment to the process."*

## EXPERIENCE THE INTENSITY

Players we've trained have received full scholarships to:



**To Register:** Detach below and MAIL to Pure Intensity Basketball 1315 Oakview Lane North Plymouth MN 55441  
Checks may be made payable to: Pure Intensity Basketball LLC

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PLAYER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SESSION: BOYS | GIRLS

PARENT'S NAMES: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS AND/OR INJURIES: \_\_\_\_\_

I hereby authorize my child's participation in this basketball event. I know of no mental or physical problems which may affect my child's ability to safely participate in this event. If I cannot be reached in an emergency, I authorize all medical, surgical, diagnostic, and hospital procedures as may be prescribed by the treating physician for my child. I also, understand I will be responsible for any medical expenses incurred due to any injury at camp, and will not hold Pure Intensity Basketball or any of its affiliates, staff or employees or the facility or any of its affiliates, staff, or employees liable for any injuries, illness, or expenses incurred while my child is at the event.

PARENT'S CONSENT: \_\_\_\_\_ DATE: \_\_\_\_\_