Name _____

Age_____ Grade (upcoming year) _____

Address_____

_____

*T-Shirt Size (please circle)*
**Youth** or **Adult**
**S M L XL**

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp, during the period of camp, to seek appropriate medical attention in the event of accident or injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. Additionally, I hereby state that Buford Basketball Skills Camp Staff and Buford High School are not responsible for any pre-existing injury or illness of the above stated camper prior the first day the camper registers.

We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Buford High School, and its staff, officers, agents, employees, representatives, and successors from all rights and claims for damage, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp.

**Parent/Guardian Signature**

_____

**Emergency Phone Number:**

_____

**Complete registration, consent and return with check to:**

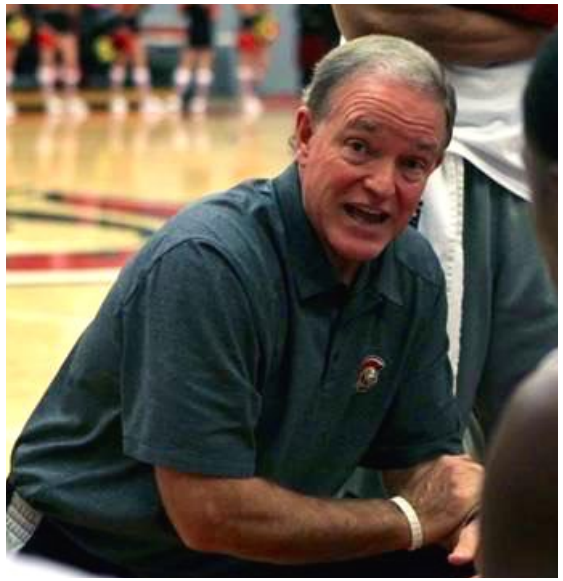
Buford High School
Attention: Eddie Martin
2750 Sawnee Ave. Buford, GA 30518

Questions can be directed to:
eddie.martin@bufordcityschools.org

## LEARN, COMPETE & HAVE FUN WITH COACH EDDIE MARTIN & OUR BASKETBALL STAFF

* *Each camper should wear athletic shorts and shoes to camp each day.*
* *Parents should drop off and pick up campers in the main gym.*

**Head Coach Eddie Martin brings to Buford Basketball a long and accomplished record of developing basketball skills in his players.**



# BOYS BASKETBALL SUMMER CAMP 2017

## June 12th-15th
## 9:00am-12:00pm
## Ages 7-14
## Cost: $70.00

**INSTRUCTION WILL INCLUDE:**

- **TEAMWORK**
- **SPORTSMANSHIP**
- **COMPETITION**
- **LEADERSHIP**
- **OFFENSIVE FUNDAMENTALS**
- **DEFENSIVE FUNDAMENTALS**
- **SHOOTING**