



Youth Basketball Team Camp



Do you:

- Need practice time?
- Need teams to practice against?
- Want a different perspective on your team?
- Need practice ideas?

Cost is only \$250.00 per **team**—a great deal!!!

Your team's coach can register online at

www.sportkc.org

or mail check and registration to

BJ Hair 105 west 65th street

KCMO 64113

DATE: November 2nd, 4th and 5th. Monday, Wednesday and Thursday.

Sponsored by Sport KC

GRADES: Boy's in grades 3-8

LOCATION: Shawnee Mission North High School

7401 Johnson Drive, Overland Park, Kansas 66202

QUESTIONS: Contact Shawn Hair at 816.522.4716 OR BJ Hair 816.509.6773 or kamohoops@kc.rr.com

CAMP DESCRIPTION: Each night will consist of fundamentals, team drills, and team scrimmages. Different situations will be analyzed and practiced—man offenses and defenses, zone offenses and defenses, press offenses and defenses, and late game special situations.

Please wear your team's uniform if possible.

NEW this year: your team's coach can register ONLINE at www.sportkc.org

The undersigned states that he/she understands that this is an athletic activity and that there is potential risk of injury. The undersigned has examined the potential risks, assumes said risks and understands that Sport KC are not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the program in which the undersigned is enrolled or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever releases and holds harmless the said Sport KC, its members, its employees, agents and representatives, from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said program.

Name of coach: _____ signature of Coach _____

Address: (please include city, state, and zip) _____

School(s): _____ Phone: (home and cell) _____

E-mail: _____

Return registration form and payment to:

B.J. Hair
105 West 65th Street, KCMO 64113

Make checks payable to Sport KC--\$250.00 per team

SESSION CHOICES

_____ Grades 3rd, 4th, and 5th

5p-7p Nov. 2, 4, 5 (Mon, Wed. and Thursday)

_____ Grades 6th, 7th and 8th,

7p-9pm Nov 2, 4, 5 (Mon, Wed. and Thurs)