



www.sayreschool.org

Sayre Basketball Camp 2010

CAMP DATES/GRADES:

June 7-11

9:00 a.m.-12:00 noon

Rising First through Fifth Graders

Games, Speakers, Drills, Tapes, Daily Certificates, Prizes

Enrollment Deadline: May 28, 2010

TOTAL COST: \$125.00 {\$30.00 deposit (nonrefundable); \$95.00 due first day of camp}

Staff: The staff consists of Sayre Upper School coaches, players, former players, and guest speakers.

Clothing/Equipment: Each player will need basketball shoes, gym shorts, shirts, and socks.

Organization: Camp begins June 7 from 9:00-12:00 for rising grades 1-5. Sessions involve individual instruction in all phases of basketball with an emphasis on developing fundamental skills in passing, dribbling, shooting, rebounding, catching, and footwork. Players are carefully matched in physically compatible groups. Campers receive a camp t-shirt.

Every camper must have insurance and a physical before participating. If your son or daughter played on a school team, a copy of that physical is acceptable. The physical exam must have occurred within the last year.

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Basketball Camp Application

Please return this application on or before May 28, 2010, with a \$30 nonrefundable deposit. Insurance/physical are required before any camper may participate. Top portion must be received by May 28; the physical form by the first day of camp.

Return to: Ted Hall/Sayre School/194 North Limestone Street/Lexington, Kentucky 40507; checks payable to SAYRE SCHOOL.

Name _____ Grade as of 9/10 _____

Address _____

Telephone _____ (Home Number) _____ (Parent Work Number)

Emergency Contact Name _____ Telephone _____

Age _____ Shirt Size _____ (Please state youth or adult sizes; participant will be issued the size on this sheet.)

Hospitalization Insurance Company _____

Camper Signature _____ Parent/Guardian Signature _____

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Physical Examination Form

This form is due no later than the first day of camp. Team physicals are accepted if they are within one calendar year.

Return to Ted Hall/Sayre School/194 North Limestone Street/Lexington, Kentucky 40507

Date of Exam _____

Have your personal physician use this medical form to indicate the results of your physical examination. No one may participate in any camp activity without a medical form completed and signed by his/her physician.

I have examined _____ and found him/her to be free of any communicable diseases and physically able to participate in any and all camp activities.

Physical Limitations _____

Physical Impairments _____

Allergies _____

Comments _____

Physician's Signature _____