



# BASKETBALL CAMP

## 1st - 3rd BOYS/GIRLS

### DATE, TIMES & LOCATION

**June 11 - 14**  
**10:00AM - 12:00PM**

### CAMP STAFF

**TYLER COLLINS**  
**JASON COOK**  
**NCS VARSITY MENS AND**  
**WOMENS BASKETBALL TEAM**

### CAMP GOALS

- \*Instruction/development of basic fundamentals.
- \*Drills on the basic skills.
- \*Develop a beginning understanding of team play concepts.
- \*Generate enthusiasm to learn and joy the game of basketball.

### WHAT TO BRING

- \*Water bottle
- \*T-shirt
- \*Basketball shoes
- \*Enthusiasm to learn
- \*A friend

**NORTHWEST CHRISTIAN SCHOOL - 16401 N. 43RD AVE - PHOENIX AZ - 602.978.5134**

Name: \_\_\_\_\_ Grade going into Fall 2018

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_



*Camp fee is due at time of registration. Please make check payable to NCS.*

I \_\_\_\_\_ declare that I am the \_\_\_\_\_ of \_\_\_\_\_.

I hereby authorize the staff of Northwest Christian School in the city of Phoenix, state of Arizona, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and health care necessitated by injury or illness while the above named child is attending Northwest Christian School's Sport Camps. Such treatment is to be rendered to the minor under the general or special surgeon licensed to practice in the State of Arizona. I hereby waive and release the camp from any and all liability for injuries or illness incurred while at camp.

I certify that I fully understand this authorization.