



Accepting the First
60 Boys

Deadline: June 1, 2010
When June 7th thru June 10th

Cost: \$80.00
Skill Camp – Session #1
Time: 8:30am to 12:00pm

Cost: \$80.00
Skill Camp – Session #2
Time: 1:30pm to 5:00pm

Both Sessions for only \$125.00

Boys ages 6 to 12

First Day

Ball Handling

Second Day

Ball Handling /Defense Skills

Third Day

Shooting / Rebounding

Fourth Day

Passing/Offensive Skills

Make checks payable to:
SV Boys Basketball Booster Club



VIKINGS
BASKETBALL CAMP



Boys Ages 6 to 12

Summer

SKILLS BASKETBALL

CAMP 2010

Camp Instructors

Coach Perry Dozier

and

STAFF

Contact:

Coach Perry Dozier
803-699-3500 ext.69903
or 803-920-7789



Mail application to:

Coach Dozier - Basketball Camp

120 Sparkleberry Lane
Columbia, SC 29229



REGISTRATION FORM



SV BOYS BASKETBALL CAMP

SESSION : _____

PAYMENT: _____

_____	_____	_____	_____	_____
Last Name	First Name	MI	Gender	Home Phone
_____	_____	_____	_____	_____
Address	City	State	Zip	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
School Attending	Grade	Shirt Size	Short Size	Date of Birth
				Cell Phone

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____	Mother/Guardian Name: _____
Home Phone: _____ Work: _____	Home Phone: _____ Work: _____
Cell Phone: _____ E-mail _____	Cell Phone: _____ Email: _____

Please Read Carefully and Sign

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? _____ yes _____ no

If yes, please state condition _____

If you wish to have your doctor contacted in case of emergency: Doctor's Name _____ Phone # _____

EMERGENCY AUTHORIZATION (from above)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors, vehicle drivers, as my Agents to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature _____ Date: _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Spring Valley Camp primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Spring Valley Camp, employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Spring Valley Camp sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any training or games.

Signature of Parent or Guardian: _____ Date: _____