

## Shooting Basketball Camp

The Central Family YMCA with the help of Monty Gray and One on One Basketball is proud to introduce its first Shooting Camp. This half-day camp will allow players to improve their shooting skills by practicing with the Shooting Gunn. They will receive instruction from Monty Gray and his staff from One on One Basketball in how to improve their shooting mechanics to be a more consistent shooter.

This two day camp is designed to be drill intensive in improving your child's ability to consistently make shots from anywhere on the court. Monty Gray and his staff will assist your child in focusing on positive habits to improve the shooting stroke.

Participants in this program will also have the opportunity to participate in the Central Family YMCA's Teen Camp and be watched for the entire day for an extra cost. The activities for July 17<sup>th</sup> and 18<sup>th</sup> includes a trip to YMCA Camp Hanes. Please do not miss out on this opportunity to let your child improve their basketball shooting at the Central Family YMCA.

### Program Information

**Costs: \$75 for members, \$100 for non-members**

**Ages: 11-16 years old**

**Dates: July 17-18**

**Time: 9:00am to 12:00pm**

**(Staff will be on hand for drop-off starting at 8:30am  
and for pickup 12:30 or until 6:00pm)**



All checks must be made out to the Central Family YMCA. For more information visit: [www.1on1basketball.com](http://www.1on1basketball.com) or call Monty Gray at 992-HOOP (4667). To further inquire about the program please contact the Sports Director, Joel Zendel at 721-2100, ext. 2080 or email at [j.zendel@ymcanwnc.org](mailto:j.zendel@ymcanwnc.org). Financial Assistance is available thru our Open Doors Policy.

**YMCA of Northwest North Carolina  
Central Family YMCA Branch  
Registration for 2008 Shooting Camp  
(Please Print)**

PLAYER \_\_\_\_\_  
Last First Nickname

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

SPORT: \_\_\_\_\_ # Years Participated in this Sport: \_\_\_\_\_ Member: \_\_\_\_\_ Non-member: \_\_\_\_\_

SHIRT SIZE: Youth: \_\_\_\_ Sm (6-8) \_\_\_\_ Med (10-12) \_\_\_\_ Lg (14-16) Adult: \_\_\_\_ Small \_\_\_\_ Med \_\_\_\_ Large \_\_\_\_ X-Large

SCHOOL CHILD ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

Special Needs/Comments/ *ways you CANNOT PRACTICE:* \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zipcode

Mother/Guardian: \_\_\_\_\_ H) \_\_\_\_\_ W) \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ H) \_\_\_\_\_ W) \_\_\_\_\_ Cell/Pager \_\_\_\_\_

PRIMARY E-MAIL ADDRESS: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ H) \_\_\_\_\_ W) \_\_\_\_\_

**Request for Permission:** I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed sport.

**Assumption of Risk of Injury:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

**Release:** In consideration of the Central Family YMCA allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Central Family YMCA, the YMCA of Northwest North Carolina, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities, field trips or the above-described sports activities; and do hereby expressly assume the risk of injury associated with participation in said sports activities.

**Photographs.** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** \_\_\_\_\_

**Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games.**

**Certification of Child's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

**Name of insurance company:** \_\_\_\_\_ **Insurance Policy Number:** \_\_\_\_\_

If your child has any allergies, asthmatic conditions or the like which the Branch should be aware, please list: \_\_\_\_\_

**IN WITNESS WHEREOF,** I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_

**Please Note: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:**

Coach  Assistant Coach  Referee  Character Development Leader

**For Office Use Only:**

Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registered By: \_\_\_\_\_ Amount: \_\_\_\_\_