

# BASKETBALL 2018: SHOOTING & SKILLS CAMPS



**@ Eastbrook Academy**

**Basketball:  
Shooting & Skills Camp for Girls**

Grades 4-8

**7/23-7/27 (M-F)**

**8:00a.m.-12:00 p.m.**

**\$150** (by 5/10); **\$165** (after 5/10)

**Basketball:  
Shooting & Skills Camp for Boys**

Grades 4-8

**7/23-7/27 (M-F)**

**8:00-12:00 a.m.**

**\$150** (by 5/10); **\$165** (after 5/10)



Build your skills and enjoy the game with this developmentally appropriate and bound-to-be-a-blast experience taught by EBA'S  
Dainte Flenorl

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## Basketball: Shooting & Skills Camps

Name: \_\_\_\_\_ Grade (as of 9/18): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
(number, street name) (city) (zip code)

Phone: \_\_\_\_\_ Gender: M F

(Please circle)

### Basketball: Shooting Camp for Girls

7/23-7/27 8:00-12:00

**\$150** (by 5/10); **\$165** (after 5/10)

### Basketball: Shooting Camp for Boys

7/23-7/27 8:00-12:00

**\$150** (by 5/10); **\$165** (after 5/10)

## Basketball Shooting & Skills Camps

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### ACTIVITIES PARTICIPATION AND EMERGENCY MEDICAL PERMISSION

Parent/Guardian Name(s)	(Indicate Title: Mr., Mrs., Ms., Dr.)	Email
Address	Home Phone	Cell Phone
		Business Phone

I consent to my student's participation in EBA'S Summer activities. I also consent to and authorize the provision of emergency medical treatment for my student until I can be contacted and agree to be responsible for the cost. Please notify the Summer Office, in writing, regarding any medical information that should be on file.

Signature of Parent or Guardian	Date
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EBA has permission to photograph or film my student for use in promotional materials, social media, and in-school projects. The School will NOT directly identify students by full first and last names. (Additional details are available on request.) We will assume permission is granted unless otherwise indicated. Yes\_\_\_ No\_\_\_ (Please initial.) \_\_\_\_\_

In the event of an emergency, if parents are not available, call

Name	Relationship	Phone
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