

2022

TAYLOR YELLOW JACKETS BASKETBALL CAMP

MAY 31-JUNE 2 3-4:30



CAMPERS

Grades: K-8

Campers will receive a Taylor Basketball T-Shirt.

Each camper will be given individualized instruction and be drilled on the fundamentals needed to become a complete basketball player. Among the skills and the fundamentals emphasized:

- *Shooting**
- *Passing**
- *Dribbling**
- *Pivoting**
- *Screening Technique**
- *Defensive Stance and Footwork**
- *Rebounding**
- *Offensive Drills**
- *Camper of the Day**
- * Fun and Games**

CAMP DETAILS

The camp will take place at the Three Rivers Educational Campus (56 Cooper Ave., Cleves OH. 45002) in the Auxiliary (grades K-3) and Competitive (grades 4-8) gyms from 3:00-4:30pm. The instructors are made up of Taylor High School Basketball staff and players.

FEE: \$50/camper

***Please make checks payable to: Three Rivers Athletic Boosters or pay in Cash. Send in registration forms to James Holland, 56 Cooper Ave., Cleves OH 45002.**

For more information or questions, please contact:

Head Basketball Coach James Holland

513-335-8816

jholland@trlsd.org



REGISTRATION FORM

Participant Name(s): _____

Grade (2022-23 school year): _____

Shirt Size: _____

Parent/Guardian 1: _____

Phone #: _____

Parent/Guardian 2: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Payment Enclosed (\$50 per camper): _____

Please make checks payable to Three Rivers Athletic Boosters

Send in forms to James Holland, 56 Cooper Ave., Cleves OH. 45002

Does your athlete have asthma? Y / N

If you answered yes above, will they have their own inhaler and do they know how to administer to themselves? _____

LIABILITY WAIVER: I am aware that participation in the Taylor Yellow Jackets Basketball Camp has some possible risks and injury can occur. These injuries could be serious. In consideration of my child being allowed to participate in the Taylor Yellow Jackets Basketball Camp, I, the parent/guardian, assume the risk of all injury. By signing this waiver, I also authorize all responsibility if my child is injured during the camp.

Parent/Guardian Signature _____

Date _____

PHOTO/VIDEO CONSENT: By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on Taylor Athletics Social Media and by the District.

Parent/Guardian Signature _____

Date _____