

Triple Threat Basketball Camp ***with Coach Joe O'Neill***

Camp Dates and Sessions

Session 1: Mon, June 21, 2010 – Fri, June 25, 2010 from 9 a.m. – 5 p.m.
Session 2: Mon, August 2, 2010 – Fri, August 6, 2010 from 9 a.m. – 5 p.m.

What is Triple Threat Basketball Camp:

Triple Threat Basketball Camp is an instructional camp for beginner, intermediate and advanced level players. The camp will consist of basketball skill development through games, station drills, contests, and clinic instruction.

Participants and what to bring:

Boys and girls, ages 7-15. Campers need to wear comfortable clothes and basketball shoes and bring extra socks, a towel, labeled drinks, and lunch. Students should not bring valuables to camp, as we cannot assume responsibility.

Cost:

Payments received by May 23 (For Session 1) and July 2 (For Session 2) will cost \$140, per session. Payments made after these dates will be \$160 per camper, per session. Each camper will receive a t-shirt and a basketball evaluation skills print out. Hurry space is limited.

Location of camp:

Countryside Recreation Center
2640 Sabal Springs Drive
Clearwater, Florida 33761
(727) 669-1914



Make payment and mail registration to: Joe O'Neill
518 Harbor Grove Circle
Safety Harbor, FL 34695
For information contact: Joe O'Neill
Phone: (727) 430-1091
Email: loneal1@tampabay.rr.com

Name _____ Age _____ School _____
 Address _____ City _____
 Zip _____ Phone # _____ Emergency # _____
 Grade Entering _____ Height _____ Weight _____
 E-mail Address _____ (e-mail is for receiving a receipt)
 I hereby authorize the staff of the Triple Threat Basketball Camp and the City of Clearwater to act in accordance with their best judgment in any emergency requiring medical attention. I further waive, hold harmless and release the staff of Triple Threat Basketball Camp and the City of Clearwater from any and all claims for any injury or illness incurred prior to or during the program. I further state that I have no knowledge of any physical impairment that would be effected by my child's participation in this activity.
 Parent/Guardian (Please Print) _____ Signature _____
 Physician's Name _____ Physician's Phone Number _____
 Medications the child is permitted to bring _____
 Known Allergies _____
 Insurance Provider _____ Policy Number _____
 T-Shirt (Please Circle One) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large