



# Youth Basketball Team Camp



**Do you:**

- Need practice time?
- Need teams to practice against?
- Want a different perspective on your team?
- Need practice ideas?

Cost is only \$250.00 per **team**—a great deal!!!

**Your team's coach can register online at**

[www.sportkc.org](http://www.sportkc.org)

or mail check and registration to

**BJ Hair 105 west 65<sup>th</sup> street**

**KCMO 64113**

**DATE: November 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup>. Monday, Wednesday and Thursday.**

**Sponsored by Sport KC**

**GRADES: Boy's in grades 3-8**

**LOCATION: Shawnee Mission North High School**

**7401 Johnson Drive, Overland Park, Kansas 66202**

**QUESTIONS:** Contact Shawn Hair at 816.522.4716 OR BJ Hair 816.509.6773 or [kamohoops@kc.rr.com](mailto:kamohoops@kc.rr.com) or go to [www.kamohoops.org](http://www.kamohoops.org)

**CAMP DESCRIPTION:** Each night will consist of fundamentals, team drills, and team scrimmages. Different situations will be analyzed and practiced—man offenses and defenses, zone offenses and defenses, press offenses and defenses, and late game special situations.

***Please wear your team's uniform if possible.***

The undersigned states that he/she understands that this is an athletic activity and that there is potential risk of injury. The undersigned has examined the potential risks, assumes said risks and understands that Sport KC are not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the program in which the undersigned is enrolled or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever releases and holds harmless the said Sport KC, its members, its employees, agents and representatives, from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said program.

Name of coach: \_\_\_\_\_ signature of Coach \_\_\_\_\_

Address: (please include city, state, and zip) \_\_\_\_\_

School(s): \_\_\_\_\_ Phone: (home and cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Return registration form and payment to:**

B.J. Hair  
105 West 65<sup>th</sup> Street, KCMO 64113

**Make checks payable to Sport KC--\$250.00 per team**

*SESSION CHOICES*

\_\_\_\_\_ Grades 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup>

**5p-7p Nov. 2, 4, 5 (Mon, Wed. and Thursday)**

\_\_\_\_\_ Grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>,

**7p-9pm Nov 2, 4, 5 (Mon, Wed. and Thurs)**