HANFORD HIGH SCHOOL’S 8th ANNUAL DR. DRIBBLE BALL HANDLING CAMP

**WHO:** Boys & Girls entering grades 1st – 6th for 2012-13 (SESSION 1). AND girls entering grades 7th -12th for 2012-13 (SESSION 2)

**WHEN:** Monday, June 25th – Wednesday, June 27th.

**WHERE:** Hanford High School – Falcon gym

**WHY:** Dr. Dribble is back once again! Noel Wellborn (aka Dr. Dribble) is coming to help players who want to learn how to improve their ball handling skills. Session 1 is for younger boys AND girls. Session 2 is for girls only. This is an incredible opportunity for your son/daughter to increase their ball handling abilities in game like situations.

**COST:** $75.00. Reserve your spot by June 11th by contacting Evan Woodward (evan.woodward@rsd.edu) (cell: 531-3757)

- Session #1: 8:00 – Noon  →  1st – 6th grade  (Boys and Girls)
- Session #2: 1:00 – 5:00 pm  →  7th – 12th grade  (Girls only)
Dr. DRIBBLE BALL HANDLING CAMP 2012
REGISTRATION FORM

Name: _______________________________  Grade (2012-13): _____
Parent/Guardian: ______________________  Phone #: ______________
Address: ______________________________  City: ______________

Camp cost: $75. Price includes a ball and awards.

Please make checks payable to: NOEL WELLBORN

Mail your registration form to:
Hanford High School - Attention: Evan Woodward, Dr. Dribble Basketball Camp
450 Hanford St.
Richland, WA 99352

If you have any questions or need more info: Call Evan Woodward (967-6200 WK, CELL 531-3757) or email me at evan.woodward@rsd.edu

Emergency – Insurance Information

Athletic Accident Plan Coverage:
It is required that participants in Dr. Dribble Ball Handling Camp carry insurance for injury and/or accident. Many private insurance policies and employer sponsored group insurance plans DO NOT cover summer camp athletic related injuries. ONE OF THE TWO OPTIONS below MUST be completed to be eligible to participate in our Dr. Dribble Ball Handling Camp.

______ OPTION ONE: I have accident/medical insurance that covers my son/daughter when she is involved in Dr. Dribble Ball Handling Camp.
• Our Insurance Co. is: ___________________  Policy #: _____________

______ OPTION TWO: School insurance has been purchased to cover my son/daughter’s participation in Dr. Dribble Ball Handling Camp. Check the plan purchased:
( ) 1. School Time Plan  ( ) 2. Full Time Plan

Emergency Information:
Home Phone #: _______________  Work Phone #: _______________
Emergency Contact Person: _______________  Phone #: _______________
Family Doctor: ___________________  Doctor’s Phone #: ____________

Parent/Guardian Consent For Participation:
I hereby give consent for my daughter to participate in Dr. Dribble Ball Handling Camp. Our signatures indicate that the above information is accurate and that there is a risk of injury associated with participation in this activity. In the event of a serious injury and I cannot be reached, the staff has my permission to seek appropriate medical attention for my child.

Camper’s Signature: _________________________  Date: __________
Parent/Guardian Signature: _____________________  Date: __________