



# Titusville Police Athletic League Tomorrow's Stars Basketball Camp 2010



Session	Dates	Group	Time
Session 1	June 21 – 24	Incoming 3 <sup>rd</sup> – 8 <sup>th</sup> grade	9:00 a.m. – Noon
Session 2	June 28 – July 1	Incoming 3 <sup>rd</sup> – 8 <sup>th</sup> grade	9:00 a.m. – Noon

### Both Camps Co-ed

**The Program:** Each camper will receive personalized instructions in both fundamental drills and games. Points of emphasis will be defense, shooting techniques, dribbling, ball handling drills, passing, rebounding and footwork. Special features will include shooting contests, 3 on 3, 4 on 4 and 5 on 5 play.

**The Staff:**

Camp Director: Kirk Stewart: 40 years summer camp experience, former THS, BCC, AHS Head Coach.  
Assisted by: Cris Clarke – THS Girls Varsity Coach  
Cheryl Stewart-Gill – Park Avenue Christian Academy Girls Coach

Cost: \$40.00 per player, per session. Includes registration, T-shirt and special awards.

To register, fill in the information below and send along with a check payable to Titusville PAL, 835 Sycamore St., Ste 2, Titusville, FL 32780

**Enrollment Limited. Pre-registration is highly encouraged!**

Direct inquiries to PAL at 268-8771 or Kirk Stewart (evenings) 268-4582

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Grade in school August 2010 \_\_\_\_\_ School to be attended next year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Emergency contact \_\_\_\_\_

Shirt Size (circle one) **Adult S M L XL Youth S M L XL**

Parental Permission to Participate – Please read and sign below

The undersigned, which hereby represents that he/she is the natural parent (or legal guardian) of \_\_\_\_\_ does hereby consent to said minor (child) participation in the PAL programs/activities. The undersigned does hereby assume all risk and hazards incidental to the conduct of this activity whether because of negligence, action or inaction by Titusville PAL or it's staff, volunteers or agents during games, practices, and /or transportation to and from those events. The undersigned expressly acknowledge that he/she releases Titusville PAL and its staff, volunteers, agents of any co-sponsoring agency from all liability for any injury, loss or damage connected in any way whatsoever to participation in Titusville PAL activities whether on or off Titusville PAL premises. The undersigned acknowledges that participation in the activity may involve risk of conduct between the participants. Titusville PAL reserves the right to photograph, video, film, or reproduce in any medium, any participant for future use, at no compensation to the participant, parent, guardian or agent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Emergency Medical Treatment Authorization – Please read and sign below

I hereby authorize and give my consent for any emergency medical, surgical, or dental treatment for my son/daughter, should it be deemed advisable by a medical doctor or dentist. I understand that this is to avoid undue delay and assure prompt medical attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency. Any Titusville PAL officers, coaches, volunteers, or another responsible adult escort is authorized to act on my behalf. ONLY after all reasonable efforts have been made to contact me.

Signature of parent or legal guardian \_\_\_\_\_