



# 2021 RED WOLVES BOYS BASKETBALL CAMP

MONDAY JULY 26TH—THURSDAY JULY 29TH

Session I: Boys Grades 7th through 9th - 8:00 am to 10:00 am  
Session II: Boys Grades 4th through 6th - 10:15am to 12:15pm  
Session III: Boys Grades 1st through 3rd - 12:30pm to 2:00 pm  
Riverview School District Students Only  
(Times subject to change depending on enrollment)

**\*Campers will receive t-shirts, basketballs, and prizes\***  
**BOYS GRADES 1st through 9th - JOIN US FOR 4 DAYS**  
**OF BASKETBALL INSTRUCTION AND GAMES AT THE CEDARCREST**  
**HIGH SCHOOL GYMNASIUM IN DUVALL**  
**BRING CLEAN SHOES FOR INDOOR PLAY AND COME DRESSED TO HOOP IT UP!**

**COST: \$100.00 for session I and II \$90.00 for session III (checks payable to CHS)**  
Coached by the Cedarcrest High School Boys Coaching Staff and Players

This camp focuses on teaching the fundamental skills of basketball and playing fun games which include:

- Footwork and moving without the ball
- Shooting (Lay-Up, Jump Shot, Free Throw)
- Ball Handling, Passing
- Screening and using the Screen
- Live ball moves
- Dead ball moves
- Defensive Fundamentals
  - 1 on 1, 2 on 2, 3 on 3, 5 on 5
  - Hot Shot Games, Other Fun Competitions



*ENTHUSIASM MAKES THE DIFFERENCE!*

Our Goal is to introduce players to the skills and techniques they can work on during the off season to improve their game to the highest level! Students will leave camp with simple drills that they can work on at home, every day.

**Register by completing the form below and the emergency form on the reverse side of this flyer and return it with a check to the address at right.**

PLAYER NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE IN FALL 2021: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

PARENT ADDRESS \_\_\_\_\_

YOUR SCHOOL: \_\_\_\_\_

SESSION (circle):    **I**        **II**        **III**

T SHIRT SIZE (circle) Youth    M    L    Adult    S    M    L    XL  
Order forms need to be received by July 12th, 2021 in order to guarantee shirt size.

Mail your registration to:

Red Wolves Boys Basketball Camp  
c/o Shelly Campbell  
Cedarcrest High School  
29000 NE 150th St.  
Duvall, WA 98019

*Questions? Call Coach Ayers @ 425-445-6355 or email [aversjo@rsd407.org](mailto:aversjo@rsd407.org)*

**Emergency Medical Treatment Authorization - Please Print Clearly**

Player Name \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardians Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician or Health Care Provider \_\_\_\_\_

Physician/Health Care Provider Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Conditions to be aware of \_\_\_\_\_

\_\_\_\_\_

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "no" please specify procedure you wish the coaching staff to follow: \_\_\_\_\_

\_\_\_\_\_

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

*I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this basketball camp. I/We assume all risk and hazards incidental to my/our child's participation in this basketball camp.*

**Parent(s)/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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

Date \_\_\_\_\_