



Basketball Camp @ Derby Veterans CC

Boys and girls 12 thru 18



***Dennis Kelly with his sons
John (Fairfield Prep '18 All State) and Rich (Quinnipiac U. '21 guard)***



Come have fun, compete and improve!

@ Derby Veterans Community Center 35 5th Street

<i>Date</i>	<i>Morning Session</i>	<i>Afternoon Session</i>
<i>Aug 14th - 18th</i>	<i>x</i>	<i>2pm to 5pm</i>
<i>Aug 21st to 25th</i>	<i>9am - 12pm</i>	<i>x</i>

- *Daily schedule includes: drill stations team concepts/lectures, competitive scrimmages and games using indoor and outdoor courts, awards, special guests...*
- *\$250 per session for entire week; \$450 both sessions for entire week. Daily rate \$60 per for either session.*
- *Group, team and sibling discounts available (call for info)*

To register please visit: dribbledrivebasketball.net

Contact: Dennis Kelly 203-668-9370 cell

Email: dribbledrivebasketball@gmail.com



Dribble Drive Basketball Camp



Registration Form

Player Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Age (During Camp) _____ Gender _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____ Email(s): _____

Camp location: @ Derby Veterans Community Center 35 5th Street

<i>Registration</i>	<i>Place price in session choices</i>
Week 1 Aug 14th to 18th 2017	
• 2pm to 5pm afternoon session only - \$250:	
Week 2 Aug 21 to 25th 2017	
• 9am to 12pm morning session only - \$250:	
2 week pack	
• 8/14 to 8/18 and 8/21 to 8/25 - \$450	
Individual sessions	
• Week 1 dates below/here \$60 per:	
•	
• Week 2 dates below/here \$60 per:	
•	
Add Total Camp Session Prices. Place \$ in box to right	
→	

T- Shirt size (place "x") : Kids: S----- M----- L----- XL----- Adult S----- M----- L----- XL -----

Full Payment Total: \$ _____ (sales tax included)

- Make checks payable to : Dribble Drive Basketball, LLC
- Mail checks and registration form to: 71 Willoughby Road Shelton, CT 06484
- Contact: Dennis Kelly Phone: 203-668-9370c
- Email: dribbledrivebasketball@gmail.com



Parental Consent

If a participant has a specific medical condition (i.e. asthma) a letter **in writing must be submitted along with this registration form indicating the participant's special needs**. A staff trainer will not be present throughout the workout/camp, however, if a serious injury or illness occurs, the participant will be transported to the nearest hospital and the parent(s)/guardian(s) will be immediately notified.

I hereby agree that Dribble Drive Basketball, LLC are not responsible for any previous injury or recurrences of any injury of my child prior to the first day he/she registers or occurring after the dismissal of players from daily activities.

Dribble Drive Basketball, LLC will also not assume responsibility for injuries that occur while the child is participating in workout activities. Players will be supervised by a Dribble Drive Basketball, LLC staff member at all times.

I hereby agree to assume full financial responsibility for any personal injury or property damage incurred as a result of a willful or negligent act of my child while he/she is a participant at the camp/clinic or on the grounds of the facility.

Parent Signature: _____

Date: _____



BASKETBALL CAMP RULES

1. Dribble Drive Basketball Camps are designed to help the participants reach their full potential in **life**, not just athletics. Therefore, it is expected that the staff and participants will be in accordance with the highest standards possible.
2. The following are prohibited from being in or on the property of the facility:
 - No chewing gum
 - Anything that would be considered a distraction to other participants of the camp.
3. Food and drinks are allowed in designated areas only.
4. No one is allowed to leave the property without permission from his or her parent(s)/guardian(s) and camp staff.
5. Willful violation of any policies or rules could lead to the loss of camp participation, without a refund of the camp fee.
6. Violation of rules will result in a warning, notification of parents and/or the suspension of the camper.
7. The use of the gym and all equipment will be at the risk of the participant. Dribble Drive Basketball, LLC does not assume liability or responsibility for any participant. Dribble Drive Basketball, LLC does not make any expressed or implied warranty of the premises, equipment, machinery, fixtures or furniture.
9. All participants are expected to maintain good sportsmanship and HAVE FUN!!!!



Parental Consent for Treatment

If this form has been completed for past camps and clinics there is no need to complete again.

This form **must** be completed for any person under the age of 18. The form must be complete and signed by either parent or guardian **only**.

I/we the undersigned, do hereby authorize that Dribble Drive Basketball, LLC staff members and medical center/hospitals are given the authority to render necessary medical services to my/our children which result, directly or indirectly, from his/her participation in programs, events and activities sponsored by Dribble Drive Basketball, LLC. I/we the undersigned also hereby agree to be responsible for such charges made by such medical center/hospital, doctor, etc. in providing such medical services as we are referred to above.

Child's name: _____

Age: ____ Gender: ____ Date of Birth: _____

Address _____ City _____ Zip _____

Grade: _____ School Attending: _____

Your relationship to child: _____

Date of last tetanus booster (lockjaw shot): _____

Is your child allergic to any medication? (i.e. causes itching, rashes, or trouble)? No__ Yes__

(Describe) _____

Who is your child's regular physician? Name: _____ Phone: _____

Emergency Contact (other than immediate family member):

Name: _____ Phone: _____

Does your child have any chronic illnesses? No ____ Yes (Type) _____

I/We certify that I/we have hospitalization insurance with:

Company _____ Policy Number _____

Parent/Guardian Name _____