

REGISTRATION
INFORMATION
ON BACK

ZEPHYR BASKETBALL CAMPS • SPRING 2012

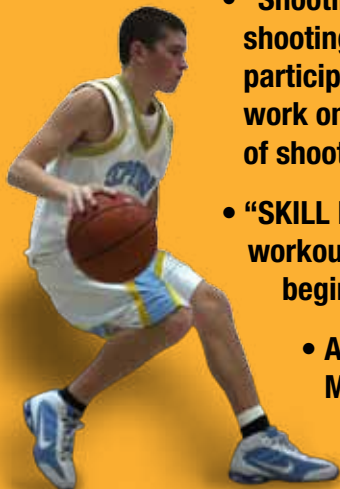
SKILL BALL

& MIDDLE SCHOOL SHOOTING LEAGUE

PRE-REGISTRATION BY MONDAY APRIL 2, 2012



- COST – \$25.00 and includes a “SKILL BALL” t-shirt!
- “SKILL BALL” is a challenging workout series of basketball fundamentals.
- All “SKILL BALL” workouts are Drill-Drill-Drill! Stationary ball handling, one & two ball moving drills, attacking the rim drills, and shooting drills.



- “Shooting League” is designed as a shooting competition. Each session the participant will take over 350 shots and work on the form and detailed technique of shooting.
- “SKILL BALL” & “SHOOTING LEAGUE” workouts will run six Saturdays, beginning April 14th.
- All workouts are held at SAINT MARY CENTRAL HIGH SCHOOL in the Cyclone McClone Gymnasium.

SKILL BALL WORKOUT TIMES

Boys - Grades K - 3rd: 8:00am - 9:00am
Boys - Grades 4th - 6th: 9:15am - 10:30am
Boys - Grades 7th - 8th: 10:45am - Noon

MIDDLE SCHOOL SHOOTING LEAGUE

Boys - Grades 6th - 8th: 12:15pm - 1:45pm

WORKOUT DATES

April 14, 21, 28 May 5, 12, 19

REGISTRATION

Information on back

DIRECTOR

Mark Ziebell • SMC Boys Varsity Coach
Phone: (920) 428-9559
Email: mziebell@new.rr.com

Saint Mary Central High School
1050 Zephyr Drive
Neanah, WI 54956
(920) 722-7796



PLAYER INFORMATION & REGISTRATION

Player Name: _____

Address: _____

City: _____ St: _____ Zip Code: _____

School: _____

Parent's email address: _____

Grade (2011-12 School Year): _____

T-Shirt Size (Check Box):

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large

Skill Ball I: Boys - Grades K-3

Saturdays from 8:00am - 9:00am
April 14, 21, 28, May 5, 12, 19

Skill Ball II: Boys - Grades 4-6

Saturdays from 9:15am - 10:30am
April 14, 21, 28, May 5, 12, 19

Skill Ball III: Boys - Grades 7-8

Saturdays from 10:45am - Noon
April 14, 21, 28, May 5, 12, 19

Shooting League: Boys - Grades 6-8

Saturdays from 12:15pm - 1:45pm
April 14, 21, 28, May 5, 12, 19

CONTACT INFORMATION

Mom's Name: _____

Dad's Name: _____

Name/Home phone: _____

Name/Home phone: _____

Name/Cell phone: _____

Name/Cell phone: _____

Emergency Contact

Name: _____

Phone: _____

Email address: _____

I certify that my child is physically able to participate in all camp activities:

YES **NO**

Please explain a NO response and list any limitations coaches should be aware of (inhaler needed; brace that should be worn; etc.): _____

I grant permission for my son to participate in the 2012 Spring "SKILL BALL" Workouts. I also grant permission to directors and coaches of the camps to act for me according to their best judgment in any emergency requiring medical attention. I also waive and release the camp, its directors and coaches, and the TCCES School System from any and all liability for any injuries incurred while at camp. I also acknowledge that my child has had a doctor's physical examination within 2 years of the chosen camp dates indicating that they are able to fully participate in a physically active camp with the above listed limitations.

Parent or guardian signature: _____ Date: _____

Send completed registration form to: Mark Ziebell
Saint Mary Central High School
1050 Zephyr Drive
Neenah, WI 54956