



# 2017 Jr. Bruin

# Basketball Camp

DIRECTED BY: BILL PILGERAM

## FOR GIRLS AND BOYS ENTERING GRADES 1-3

*The Jr. Bruin Basketball Camp is designed to introduce the fundamentals of basketball to young players and to have fun learning the game!! All sessions will be held at CRA Middle School with 8-foot baskets.*

The camp will feature contests, prizes, and awards each day while teaching the basic fundamentals of shooting, passing, rebounding, and defense.

### 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Grade Camp

July 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>  
@ CRA Middle School

***Every player will receive a free basketball and Bruin T-shirt!!***

Check all that apply

**MON July 10 – WED July 12**

**1<sup>st</sup>-2<sup>nd</sup> Grade Boys & Girls**

10:00 – 12:00 noon – CRA school

**3<sup>rd</sup> Grade Boys & Girls**

1:00 – 3:00 pm – CRA school

### Camp Fees

**\$60 per Individual**

- Subtract **\$10** for each additional family member !

Make checks payable to :

**Lady Bruin Basketball**

Name: \_\_\_\_\_ Grade (fall 2017): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender (B/G) \_\_\_\_\_ T-Shirt Size (adult: S, M, L, XL or Youth: YS, YM, YL) \_\_\_\_\_

Email address: \_\_\_\_\_

The undersigned parent / guardian of a participant in the Bruin Basketball Camp acknowledges that there are certain dangers inherent in any athletic activity and that bodily injury could occur while playing basketball at camp. The undersigned agrees that the undersigned's child listed above will hold the Bruin Basketball Camp, it's directors and staff free from any and all liability for any and all accidents or injuries occurring of the participant as a result of participation in the camp, and hereby release the Bruin Basketball Camp, directors and staff from any and all such liability.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**\* To maximize attention, each session is limited to the first 50 paid applicants.**

**Office Use Only!**

Amt. \_\_\_\_\_ Date \_\_\_\_\_

Return this form to : **Bill Pilgeram**  
**430 Russell Lane**  
**Helena, MT 59602**

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