

ROBBIE VALENTINE
SPRING BREAK 2010 BASKETBALL CAMP
CAMP SPONSORED BY: Coca-Cola Bottling Company & ZirMed

Boys and Girls Age 6 – 14 Years of Age

March 22, 23, 24, & 25, 2010

River Valley Middle School
2220 New Albany-Charlestown Road
Jeffersonville, Indiana

_____ **Session I**
9:00 a.m. – 12:00 p.m. (noon)
\$70.00 per camper if paid by March 21, 2010
\$80.00 per camper at the door

_____ **Session II ***
9:00 a.m. – 3:00 p.m.
\$100.00 per camper if paid by March 21, 2010
\$110.00 per camper at the door
(Campers will need to bring their lunch)
***Must have at least 25 students register to operate camp**

For more information call: 812-282-6444. Registration will be held one hour prior to camp.
A counselor will be available a half an hour prior to camp start for early drop off. A concession stand will be available.

CAMP STAFF:

Robbie Valentine (www.robbyvalentinebasketballcamps.com)

*University of Louisville 1986 NCAA Championship Team Member

*Member of the U of L Hall of Fame

Scott Chandler
*Indiana University Southeast

Joe Estes
*Loyola of Chicago

Gary Valentine
*Spalding University

Aaron Valentine
*University of Louisville

Eric Valentine
*Shawnee College

Brook Valentine
*Jeffersonville High School

Jalynn McClain
*Jeffersonville High School

What a Camper Will Learn. . . .

- Skills that include shooting techniques, movement with and without a ball, inside techniques, assign, dribbling, rebounding, and offense team.
- Guest Speakers, who will effectively reinforce the importance of good sportsmanship and attitude, provide motivation, enthusiasm, and confidence.
- Team competitions are an important part of the camp that will re-emphasize the newly learned skills and build self-confidence in each camper.

Please complete the following information:

Camper's Name: _____
Address: _____ E-mail address _____
City: _____ State: _____ Zip: _____
Phone: () _____ DOB: _____ School: _____ Grade _____
Any physical restriction? Yes No If yes, please explain _____

In case of emergency, please contact:

Name: _____ Relation to Camper _____
Phone: () _____

Release - I hereby authorize the directors of the Robbie Valentine Spring Break 2010 Basketball Camp to act according to their best judgment in any emergency requiring medical attention for my son, daughter, or ward. Also, I hereby waive and release the Robbie Valentine Spring Break 2010 Basketball Camp from any and all liability for any injuries and/or illnesses incurred while at camp. I hereby warrant that my son, daughter, or ward is in good physical condition for this camp.

Signature, Parent/Guardian

Date

Mail to: Robbie Valentine Basketball Camp, P.O. Box 767, Jeffersonville, IN 47131-0767
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