

ROBBIE VALENTINE SUMMER BREAK 2010 BASKETBALL CAMP

CAMP SPONSORED BY: Coca-Cola Bottling Company, ZirMed, Sam Swope & Best Buy

**Boys and Girls Age 6 – 14 Years of Age
River Valley Middle School
2220 New Albany-Charlestown Road
Jeffersonville, Indiana**

 Session I
June 14, 15, 16, & 17, 2010
5:30 – 8:00 p.m.
\$60.00 per camper if paid by June 13, 2010
\$70.00 per camper at the door

 Session II *
June 28, 29, 30, & July 1, 2010
9:00 a.m. – 3:00 p.m.
\$90.00 per camper if paid by June 27, 2010
\$100.00 per camper at the door
(*Campers will need to bring their lunch*)
***Must have at least 25 students register to operate camp**

 Session III
July 12, 13, 14, & 15, 2010
9:00 a.m. – 12:00 Noon
\$60.00 per camper if paid by July 11, 2010
\$70.00 per camper at the door

 Session IV
July 26, 27, 28, & 29, 2010
5:30 – 8:00 p.m.
\$60.00 per camper if paid by July 25, 2010
\$70.00 per camper at the door

For more information call: 812-725-0755 or email: robbie@robbievalentine.com
Registration on-line at (www.robbievalentinebasketballcamps.com) or one hour prior to camp.
A counselor will be available a half an hour prior to camp start for early drop off.

CAMP STAFF:

Robbie Valentine

*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
** Indiana University Southeast*

Brooke 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 Summer 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 Summer 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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