

# CHIPPEWA GIRLS BASKETBALL

## CHIPPEWA FALLS, WI

### SUMMER MINI-CAMP

DIRECTED BY ANDREA RUF & LINDSEY ADAMS

**WHO:** GIRLS ENTERING 1<sup>ST</sup> -4<sup>TH</sup> GRADES FOR THE 2010-2011 SCHOOL YEAR, BEGINNING AND EXPERIENCED PLAYERS ARE WELCOME

**WHAT:** THE CLINIC WILL STRESS BASKETBALL FUNDAMENTALS, SKILLS AND DRILLS

**WHEN:** WEDNESDAYS June 23, 30, July 7, 14, 21

**11:00 am-12:00 pm**

BRING YOUR OWN BASKETBALL (Some will be provided if needed)

**COST:** \$20.00 FOR ALL SESSIONS OR \$5.00 PER INDIVIDUAL SESSION  
(*Make Checks payable to Chippewa Girls Basketball*)

**WHERE:** HILLCREST ELEMENTARY SCHOOL (1200 Miles St)

**REGISTER:** MAIL REGISTRATION & PAYMENT TO:

**Chippewa Girls Basketball**  
**C/O Andrea Ruf**  
**4873 County Hwy T**  
**Chippewa Falls, WI 54729**

**NO**  
**CONFIRMATION SENT**  
Please send a self addressed  
stamped envelope if confirmation  
is needed, otherwise just show up  
on the 1<sup>st</sup> Wednesday!!

**QUESTIONS:** CALL ANDREA RUF --829-1512

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#### 2010 Chippewa Girl's Basketball Summer Mini-Camp Registration

Player's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Amount \_\_\_\_\_

Telephone \_\_\_\_\_ Check # \_\_\_\_\_

Grade (2010-2011 school year) \_\_\_\_\_ School \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

**It is understood that Chippewa Girls Basketball is not responsible for any injury that may occur to a player.** I hereby authorize the director of the Chippewa Girls Basketball Summer Mini-Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the coaches and Chippewa Girls Basketball of all liability for illness and injury. I will inform coaches of any special medical needs for my daughter. My daughter is covered by our family health insurance, she is in good health and able to participate in the physical activity of a vigorous program.

Parent Signature \_\_\_\_\_