



# Bobby McCormack's Basketball Camp

Youth Basketball Camps for Boys & Girls Grades 1 – 8  
mail to: 1071 Purcell Ave., St. Louis, Missouri 63130  
2018 Registration Form • Coaches Clinic  
[www.schoolyou.com](http://www.schoolyou.com) [info@schoolyou.com](mailto:info@schoolyou.com)  
314-606-5370

Coach's Full Name \_\_\_\_\_

School/Team \_\_\_\_\_

I Coach:  
 Boys  
 Girls

Grade(s) Coaching \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

<input type="checkbox"/>	Coaches Clinic	Saturday, November 10th 9:00 a.m. – 12:00 p. m.  \$30	<b>This clinic is designed for elementary and middle school coaches who:</b> <ul style="list-style-type: none"> <li>• Are new to coaching</li> <li>• Have been away from the game for a while</li> <li>• Have extensive basketball experience but wonder how to bring it down to the grade school/elementary school level</li> <li>• Want to have a more organized 90 minute practice</li> <li>• Wonder what drills work best at this level</li> </ul>
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Camp will be held at the Saint Louis Priory School Gym.

Payment is due with registration in order to reserve your spot. Make checks payable to: Robert F. McCormack, Inc. and mail payment and registration form to: **Robert F. McCormack, Inc., 1071 Purcell Ave., St. Louis, Missouri 63130.** Confirmation will be sent via email when registration form and payment is received.

### Participation Waiver

*I hereby request that I be admitted to Bobby McCormack's Basketball Camp-Coaches Clinic. I hereby authorize and direct camp staff to exercise and act in their best judgment in the event any medical emergency. I also hereby confirm that I am covered by accident insurance which provides coverage for any accidental bodily injury. By my signature below, I hereby agree to hold harmless Robert F. McCormack, Robert F. McCormack, Inc. and any of its agents and/or employees in connection with any incident or occurrence arising out of my enrollment in Bobby McCormack's Coaches Clinic.*

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Printed Name (Required)

### Publicity Waiver

*Robert F. McCormack, Inc. (Bobby McCormack's Basketball Camp) occasionally takes photos / videos during our camps and clinics for educational purposes or publication to our website or community media sources. By signing the release below, you give permission to use these items in various public media.*

*I hereby give permission to Robert F. McCormack, Inc. to use pictures and video for the above mentioned purposes.*

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Printed Name (Required)