



**10TH ANNUAL NORTH COBB WARRIOR  
SUMMER BASKETBALL CAMP  
NORTH COBB HIGH SCHOOL**



**Session 1 - Ages 5-10**  
**June 8 - 11, 2009**  
**9:00 A.M. – 12:30 P.M.**  
**Cost: \$70\*\***  
**Discount Deadline: May25th**



**Session 2 - Ages 9-15**  
**July 20 - 23, 2009**  
**9:00 A.M. – 3:30 P.M.**  
**Cost: \$120\*\***  
**Discount Deadline: July 6th**

**\*\* Note: If full payment is received with application before the DEADLINES, deduct \$10 from Camp Cost!**

(Note: gym is open and supervised from 8am until 1pm for Session 1 and from 8am to 5pm for Session 2)

**CAMP SPACE IS LIMITED – REGISTER TODAY**

Each camper will receive a t-shirt and basketball! Camp activities include:

- \* Offensive fundamentals      \* 5 on 5 games      \* 1 on 1 contests
- \* Defensive fundamentals      \* 3 on 3 games      \* Free throw contests
- \* Shooting skills                      \* Hot shot contests

Make checks payable to **North Cobb Tip Off Club** and return bottom portion with the payment to Coach Gorsuch, North Cobb High School, 3400 Old Highway 41, Kennesaw GA 30144. Or register online at [www.northcobbbasketball.com](http://www.northcobbbasketball.com).

**Camper check-in - Monday June 8th 8-9 A.M and Monday July 20th 8-9 A.M.**

If you have any questions please contact: Coach Gorsuch at 770-975-6705 or [terry.gorsuch@cobbk12.org](mailto:terry.gorsuch@cobbk12.org)

**\*\*MAKE CHECKS PAYABLE TO NORTH COBB TIP-OFF CLUB\*\***



**Please check one of the following:**      Session 1       Session 2

CAMPER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

EMAIL ADDRESS FOR CONFIRMATION: \_\_\_\_\_

**T-SHIRT SIZE: (circle one)**

YS      YM      YL      AS      AM      AL      AXL

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:** I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless Warrior Basketball Camp, North Cobb Tip Off Club, and its director, employees and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending camp or occurring as a result of having attended camp. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered. I hereby authorize medical treatment for: \_\_\_\_\_ (Camper's name)

Signature of Parent/Guardian \_\_\_\_\_

**WWW.NORTHCOBBBASKETBALL.COM**