



Hebron Parks & Recreation

Mailing Address
 15 Gilead Street
 Hebron, CT 06248
 860-530-1281
 860-228-5912 Fax
 www.hebronct.com

Office Address
 Burnt Hill Park
 148 East Street
 Hebron, CT 06248

Shooting Stars Basketball Camps 2012

Join us for some basketball fun! Steve Emt, RHAM Boy's Varsity Basketball coach, is back this summer with his ever popular basketball camp. Kids will focus on learning team concepts, strategy, conditioning and becoming a better player. The goal is to develop a more well-rounded and thoughtful player. Sign up today!

PLEASE CIRCLE THE APPROPRIATE SESSION:

Session 1: Girls aged 8-14 (No Camp 7/4)
 Dates: Monday, July 2-Friday, July 6
 Location: RHAM High School
 Time: 8Am-12 Noon
 Fee: \$100.00 RHAM Resident

Session 3: Co-ed "Biddy" ages 5-7
 Dates: Monday, July 16-Friday, July 20
 Location: RHAM Middle School
 Time: 9 AM-11:30 AM
 Fee: \$85.00 RHAM Resident

Session 2 Boys aged 8-14
 Dates: Monday, July 9-Friday, July 13
 Location: RHAM High School
 Time: 8 AM-12 Noon
 Fee: \$125.00 RHAM Resident

Session 4: Co-ed "Biddy" ages 5-7
 Dates: Monday, July 30-Friday, August 3
 Location: RHAM Middle School
 Time: 9 AM-11:30 AM
 Fee: \$85.00 RHAM Resident

Registration for programs will be accepted on a first-come, first-served basis. Class confirmation is up to the registrant. Please call the office if you have any questions. Refunds are only issued if class is canceled, on request for medical issue with note from a doctor, or if a replacement is found. There are no refunds once a class has begun. All cancellations or changes are subject to a \$15.00 fee. **PHOTO POLICY:** By registering for a program, you give us permission to take and publish photos of you participating, along with photo identification. If you do not wish to be photographed, you must include this request in writing along with your registration.

Name of Participant	M/F	DOB	Grade
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Parent/Guardian Name	Home Phone	Work Phone/Contact	Emergency Phone/Contact
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Street	Town	Zip
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Medical Concerns-Please list

Email Address: _____

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Parent/Participant Signature _____ Date _____

Total Fee: _____ Date Pd: _____ Cash/MC/Visa/Check _____ Rec'd by: _____ Please make **checks payable** to the **Town of Hebron**, 15 Gilead Street, Hebron, CT 06248