



**Hebron Parks & Recreation Department**  
 15 Gilead Street  
 Hebron, CT 06248  
 860-228-5971, ext. 129



# SHOOTING STARS BASKETBALL CAMPS

Join us some basketball fun! Steve Emt, RHAM Boy's Varsity Basketball coach, will be back this summer in his ever popular basketball camp. Kids will focus on learning team concepts, strategy, and conditioning. 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**

Dates: Monday July 7 – Friday July 11  
 Location: RHAM High School  
 Time: 8 AM – 12 Noon  
 Fee: \$100.00 RHAM Resident  
 \$115.00 Non-Resident

**Session 2 : Co-ed "Biddy" aged 5 - 7**

Dates: Monday July 14 – Friday July 18  
 Location: RHAM High School  
 Time: 9 AM – 11:30 AM  
 Fee: \$75.00 RHAM Resident  
 \$95.00 Non-Resident

**Session 3 : Boys aged 8 - 14**

Dates: Monday July 21 – Friday July 25  
 Location: RHAM High School  
 Time: 8 AM – 12 Noon  
 Fee: \$100.00 RHAM Resident  
 \$115.00 Non-Resident

Registrations 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 a 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 \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE/ CONTACT \_\_\_\_\_ EMERGENCY PHONE/ CONTACT \_\_\_\_\_

STREET \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

Medical Concerns – Please list \_\_\_\_\_

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.**

