



**Big Shot Basketball Fall Training Camp
@ Gilmour Academy**

Session I:	Mon, Tues, Wed	October 16, 17, 18	7:00-8:30 pm
Session II:	Mon, Tues, Wed	October 23, 24, 25	7:00-8:30 pm
Session III:	Saturday	October 14, 21, 28	8:00-9:30 am
Session IV:	Sunday	October 15, 22, 29	8:00-9:30 am

- ***Both boys and girls welcome -- grades 3rd thru 8th
- ***Get physically and mentally prepared for the winter season & pre-season tryouts
- ***Offensive concepts both in transition & half court -- skill development & shooting
- ***Defensive conversion and individual defensive techniques
- ***Cost: \$90.00 to attend any one session or any three individual dates
\$150.00 to attend any two sessions or any six individual dates
\$210.00 to attend any three sessions or any nine individual dates
\$250.00 to attend all four sessions or all twelve dates

Name _____

Address _____

City _____ Zip _____

Home # _____

Cell # _____

Email _____

School _____ Grade _____

Gender M F T-Shirt Size: YM YL S M L XL 2XL

Sessions I -- Oct 16-18 II -- Oct 23-25 III -- Oct 14,21,28
 IV -- Oct 15,22,29

Mail completed registration forms to:
Big Shot Basketball LLC
32899 Walnut Drive
Avon, OH 44011

Register on--line at:
www.gilmour.org/BigShotBasketball

***Checks payable to: Big Shot Basketball, LLC
***Registrations will also be accepted by e-mail
***Walk-up registrations are always welcome

Questions/concerns, contact: Sean O'Toole
216.548.1313
otooles@gilmour.org
www.bigshotbasketballacademy.com
Twitter: @BigShotBBall



Medical Waiver

In consideration of my acceptance as a participant in the Big Shot Basketball Academy, I do hereby for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against Big Shot Basketball Academy, Gilmour Academy, Murphy AC or its or their respective officers, agents, representatives, successors and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said athletic competition. I have read the above statement, I understand it and my signature confirms its full acceptance. I attest and verify that I have full knowledge of the risk involved in the competition, and I am physically fit and sufficiently trained to participate in this event. I authorize the directors to act for me according to their best judgement in any emergency requiring medical attention for which services I will pay.

Parent/Guardian Signature _____

Date _____

Make checks payable to: Big Shot Basketball LLC

Mail to: Big Shot Basketball Academy ~ 32899 Walnut Drive ~ Avon, OH 44011
Questions/concerns?? 216.548.1313 -- otoolles@gilmour.org
Website: www.bigshotbasketballacademy.com
Twitter: @BigShotBball