



# BOOT CAMP



## Grade 9-12

Do you have mental toughness?

Do you have drive and determination?

Do you want to make it to the next level?

If the answer is **YES** to these questions then you need to attend this camp.

CYDC BOOT CAMP will test your mental toughness, drive and determination and get you on the road to achieving your potential.

### Camp Highlights:

Advanced on the court training

Specialized weight training

Intense Cardio/Conditioning training

### PLAYERS



Please bring your own basketball, water bottle, runner note book/ pen come ready to work, listen and find out if you have what it takes.

### CAMP LOCATIONS:

**MASTER'S ACADEMY & COLLEGE**  
**4414 CROWCHILD SW**

**August 29**

**September 5, 12 & 19**

**1:00pm-5:00pm**

**COST: \$200.00**

# Calgary Youth Development Centre

## PLAYER INFORMATION

Player's Name: \_\_\_\_\_  
FIRST (PRINT CLEARLY) LAST (PRINT Clearly)

Parent's Names: \_\_\_\_\_  
FIRST (PRINT CLEARLY) LAST (PRINT Clearly)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM/DD/YYYY

T-Shirt Size: \_\_\_\_\_ Alberta Health Number \_\_\_\_\_  
(S/M/L/XL/XXL/XXXL)

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



### LIABILITY RELEASE AND MEDICAL CONSENT

I, the undersigned, am parent/guardian of \_\_\_\_\_, and I give him / her permission to participate in the CYDC, the Instructional Youth Basketball Program, and/or Traveling Teams, Clinics, and Camps. I also release CYDC and all its members and agents from any liability for injuries sustained while participating in these leagues or on these teams and camps, etc., and from all CYDC affiliated events. I further give CYDC my permission to seek emergency medical treatment for the above-named player in the event that he/she is injured while at or participating in any event with or for CYDC needing treatment.

DOCTOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENT/GUARDIAN: SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



### Program selection

NAME OF PLAYER: \_\_\_\_\_ COST: \$ \_\_\_\_\_

NAME OF CAMP / PROGRAM: \_\_\_\_\_ DATES: \_\_\_\_\_ TO \_\_\_\_\_

METHOD OF PAYMENT: CASH OR CHEQUE (CIRCLE ONE PLEASE)

Please make cheque payable to CYDC

Note: Please bring your own basketball (Academy and Team Photos Will Be Taken For Our Web Site)



FOR MORE INFORMATION: [cydc@shaw.ca](mailto:cydc@shaw.ca) OR [www.cydcbasketball.com](http://www.cydcbasketball.com)

Suite 214 #63, 4307 - 130 Avenue S.E. Calgary, Alberta T2Z 3V8

PLEASE FAX TO 403 230 3708 ATTENTION DERRICK JOSEPH