



BOOT CAMP



Grade 5-8

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

9:00am-1:00pm

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 OR www.cydcbasketball.com

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PLEASE FAX TO 403 230 3708 ATTENTION DERRICK JOSEPH