



# Girls Basketball

What: 2021 Ballard Women's Basketball Camp

Who: For Girls between 4-9 Grades

Where: Ballard High School

When: June 1-4

Time: Starts- 9:00 a.m./Ends 12:00 p.m.

Cost: \$100

Make checks/M.O to: Ballard Women's Basketball Boosters

Highlights:

- Individual skill instruction by current and former Ballard players and coaches.
- Competitive game situations and emphasis on offensive and defensive skills.
- Individual and Team contests and awards+ Ballard Basketball Camp T-shirt!

Contact: Head Coach Katherine Southerland- [Katherine.Southerland@jefferson.kyschools.us](mailto:Katherine.Southerland@jefferson.kyschools.us)



Please detach registration form and mail **WITH PAYMENT** to: Ballard High School, Attention: Coach K. Southerland, 6000 Brownsboro Rd. Louisville, Ky 40222

## 2021 Ballard Women's Basketball Camp Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt Size (circle one):    YS    YM    YL    AS    AM    AL    AXL

We (I) request that Ballard High School and the Ballard Women's Basketball team allow \_\_\_\_\_ to participate in the basketball camp from June 1-June 4. We (I) hereby release and save Ballard High School, and any and all employees of the school or women's basketball program from any and all liability for any injuries, loss, or other claims arising out of or resulting from this camp. The Undersigned parent/guardian and participant agree to accept all responsibility for the risks, conditions, and hazards, which may occur whether or not they are known or unknown.

By signing this form, as Parent/guardian of the above child, I relinquish Ballard high school and any or all employees of the school or women's basketball program of risk or responsibility of injury to my child. I am consenting to my child's participation in the Ballard women's basketball camp, and acknowledge that I understand the responsibility for treatment and payment of any injury my child may sustain while attending the above mentioned camp known or unknown is solely mine.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Ballard Athletic Department

6000 Brownsboro Rd Louisville, Ky 40222