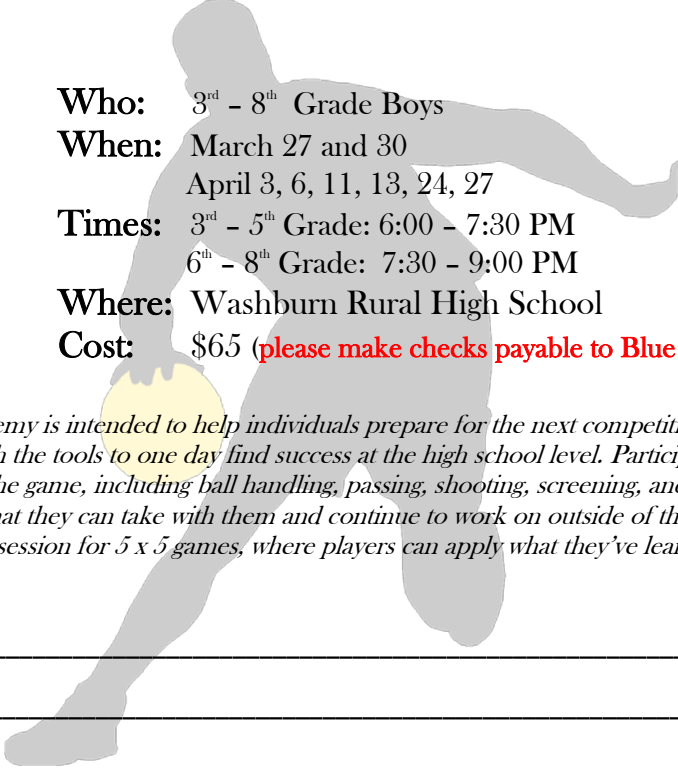


# Blue Hoops 2017 Spring Basketball Academy

With WRHS Boys Basketball Coach Todd McAtee



**Who:** 3<sup>rd</sup> - 8<sup>th</sup> Grade Boys  
**When:** March 27 and 30  
April 3, 6, 11, 13, 24, 27  
**Times:** 3<sup>rd</sup> - 5<sup>th</sup> Grade: 6:00 - 7:30 PM  
6<sup>th</sup> - 8<sup>th</sup> Grade: 7:30 - 9:00 PM  
**Where:** Washburn Rural High School  
**Cost:** \$65 (please make checks payable to Blue Hoops Basketball)

*The Blue Hoops Spring Academy is intended to help individuals prepare for the next competitive level of basketball, specifically providing them with the tools to one day find success at the high school level. Participants will be drilled in the essential fundamentals of the game, including ball handling, passing, shooting, screening, and defense. Players will be shown drills and activities that they can take with them and continue to work on outside of the clinic. Time will also be set aside at the end of each session for 5 x 5 games, where players can apply what they've learned to live situations.*

Name: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Level:    \_\_\_ 3<sup>rd</sup>       \_\_\_ 4<sup>th</sup>       \_\_\_ 5<sup>th</sup>       \_\_\_ 6<sup>th</sup>       \_\_\_ 7<sup>th</sup>       \_\_\_ 8<sup>th</sup>

T-Shirt Size:   \_\_\_YS    \_\_\_YM    \_\_\_YL    \_\_\_AS    \_\_\_AM    \_\_\_AL    \_\_\_XL    \_\_\_XXL

**Hold Harmless/Indemnify**

I hereby grant my child, \_\_\_\_\_, permission to participate in the 2017 Blue Hoops Spring Academy. I hereby assume all risk of injury that may result from his participation in basketball camp activities. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to act and release those parties on behalf of the minor and the parents or legal guardian. As parent/guardian, I release Auburn Washburn Schools, instructors, and all Blue Hoops Spring Clinic participants from all liability for injury that may result from camp activities. The school is not responsible for any loss or injury that results from participation in camp activities, or observing camp activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please send registration to: Washburn Rural High School, Attn: Todd McAtee, 5900 SW 61<sup>st</sup> Street, Topeka, KS 66619

Make Checks Payable to Blue Hoops Basketball  
Email Coach McAtee with any questions at [mcatetod@usd437.net](mailto:mcatetod@usd437.net)