

INFORMATION

Instructors are SFCC Roadrunners Head Coach Matt Brown and Assistant Coach Adam Short. The coaching staff consists of college and high school coaches who are at the top in their respective professions.

FACILITIES

The camp will be held in the Fred E. Davis Multipurpose Center on the State Fair Community College campus.

AWARDS

Individual awards will be presented to players who are outstanding in specific areas of basketball. Each camper will receive a T-shirt.

PRACTICE EQUIPMENT

Players should bring their own basketball shoes, socks, supporter, shorts, and shirts, and shall be responsible for their own practice gear.

PROGRAM

This is an exclusive opportunity to improve shooting skills. Campers will learn the proper form and technique of the jump shot.

INSURANCE

Each camper will be insured in case of an accident during camp activities.

APPLICATION:

PLEASE INCLUDE PARENTAL CONSENT FORM

Mail or bring to:

State Fair Community College
Fred E. Davis Multipurpose Center
3201 West 16th Street
Sedalia, MO 65301



SFCC ROADRUNNERS SHOOTING CAMP

*Thursday 9 a.m. - 4 p.m.
Friday 9 a.m. - noon*



Bring a sack lunch or money to purchase lunch in the SFCC Café.

State Fair Community College
Fred E. Davis Multipurpose Center
3201 West 16th Street
Sedalia, MO 65301

SFCC is an equal opportunity institution and is smoke and tobacco-free. Visit www.sfccmo.edu to learn more.



SHOOTING CAMP



**BOYS & GIRLS
SHOOTING CAMP
June 15-16, 2017
THURSDAY & FRIDAY
Grades 3 - 12**

APPLICATION FOR ADMISSION

Yes, I want to enroll in the SFCC Roadrunner Shooting Camp, 2017

Thursday 9 a.m. - 4 p.m. Friday 9 a.m. - noon
Grades 3 - 12

Cost is \$50 Deadline to enroll is June 14th Make checks payable to SFCC BB Camp.

Name _____ Contact Phone _____

Age _____ Grade (next year) _____ School _____

Address _____ City _____ State/Zip _____

Circle one size T-shirt (youth) M (10-12) L (14-16) S M L XL

PLEASE INCLUDE PARENTAL CONSENT FORM

PARENTAL CONSENT FORM

Name of Camper _____
Date of Birth _____
Known Allergies _____
Present Medications _____
Date of Last Tetanus _____
Past illness or other information that would be useful in the event of treatment. _____

Emergency Contact:

Father _____
Home Phone _____
Work Phone _____
Cell Phone _____
Mother _____
Home Phone _____
Work Phone _____
Cell Phone _____
Legal Guardian _____
Home Phone _____
Work Phone _____
Cell Phone _____
Insurance Co. _____
Policy Holder _____
Policy # _____

I, the undersigned parent or legal guardian of the above named minor do hereby consent and agree that the above named minor may participate in SFCC Sport Camp. It is agreed that the named college, board members, and officials assume no legal liability for injuries or other loss as a result of said participation. It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the college in writing of the subrogation or cancellation of this consent.

I hereby certify that the SFCC Sport Camp staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The SFCC Sports Camp shall not be held responsible for any consequences resulting from injuries.

I declare that I am the (circle one) Father/Mother/Guardian of the above-named minor.

Signature _____ Date _____

Check us out on Social Media
sfccmoradrunners.com/information/camps
sfccmoradrunners.com
www.sfccmo.edu
www.facebook.com/sfccmo
www.twitter.com/sfccmo

Make checks payable to:
SFCC BB Camp

Partial refund deadline is 12 p.m. on Thursday the week of camp.

SHOOTING CAMP



\$50

THURSDAY & FRIDAY

June 15 & 16

Thursday 9 a.m. to 4 p.m.

Friday 9 a.m. to noon

Grades 3 - 12

This is an exclusive opportunity to improve shooting skills. Campers will learn the proper form and technique of the jump shot. Each camper will receive a shot evaluation to help improve their shooting ability.

Phone: (660) 596-7440

Fax: (660) 530-5828

Email: wraig@sfccmo.edu