



## Christmas Celebration Camp

**TUESDAY-THURSDAY**  
**January 2nd-January 4th**  
**Boys & Girls**  
**8:30 Drop Off**

**3rd-5th Grade 9:00am-12:00pm**

**6th-8th Grade 1:00pm-4:00pm**

Skill Work/ Foot Work  
On Ball/Off Ball Development  
Change Of Speeds/Pace/Recognition

Contest Medals/Shooting/Hustle/Ballhandling

1 on 1/ 3 on 3/ 5 on 5 GAMES

**COST: \$100**

**DROP In: \$40**

**\*\*\*\*Registration Deadline December 14th\*\*\*\***

**Location:**

Kingdom Ministries, 3000 Miller Road, Lansing MI

### Registration Process — Instinctive Games

Methods of Payment: Checks-Money Orders  
Mail Checks Made Payable To: Marcus Wourman  
PO Box 16159  
Lansing, MI 48901

Venmo: Prospectors Basketball@Prospector-Basketball

Basketball Experience:  Rec.  Red Cedar  AAU

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Ph: \_\_\_\_\_ Age \_\_\_\_\_

Team \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

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

Money Order/Check # \_\_\_\_\_

or send payment via Venmo@Prospectors-Basketball

I \_\_\_\_\_ the undersigned, submit that my son/daughter is physically fit and able to (Print parent/guardian's full name) participate in strenuous activity and for myself, my spouse, my son/daughter, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS, FULLY INDEMNIFY AND RELEASE Basketball University Sports & Events LLC from any and all liabilities, claims, damages, costs, including attorney fees and cause of action which may arise from any claim or cause of action made by me, through me, or on my behalf incident to my involvement or participation in this program or event EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AGREE TO ABIDE BY THEM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I hereby authorize the event personnel and/or directors to act on my behalf in the event of a medical emergency. I understand I am solely responsible for all medical expenses incurred and agree to provide proof of medical and/or accident insurance upon request.

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

\_\_\_\_\_  
Date

**PROSPECTORS BASKETBALL**

**Prospectors Basketball has been one of the top AAU programs in the state of Michigan for 15 years and counting!**

We provide coaches that are prompt, prepared, and knowledgeable about creating practice and training plans, and understand the importance of in-game strategy!

**Learn more at [prospectorsbasketball.com](http://prospectorsbasketball.com).**

**We Teach — We Train — We Prepare — Then We Play!!**