

# Jackie Stiles' Basketball Camp



Welcome the 2001 WNBA Rookie of the Year, former MSU All-American, & NCAA all time leading scorer Jackie Stiles for a one day clinic on Saturday, June 19, 2010 at **ST. TERESA'S ACADEMY.**



**Where:** St. Teresa's Academy, Kansas City

**Who:** Girls entering grades 6th through 12th, Limited to 50 total each session

**When:** Saturday, June 19th

**Session I:** 9 a.m. until 12:00 p.m., Rising 9th-12th Graders

**Session II:** 1 p.m. until 4 p.m., Rising 6th-8th Graders

**Cost:** \$65.00 per child/per session before June 18, \$70 at the door

**Registration:** Make checks payable to Jackie Stiles. Mail completed registration form with full payment to: Jackie Stiles, 5600 Main St., Kansas City, MO 64113

**Camp Store:** Purchase "Jackie Stiles" t-shirts, backpacks, water bottles, posters and training booklets.

**Autographs:** Free Jackie Stiles autographs towards the conclusion of clinic.

**Questions:** contact Mark Hough (816) 501-0011 or [mhough@stteresasacademy.org](mailto:mhough@stteresasacademy.org)



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## Registration Form:

Mail completed registration to: Mark Hough, 5600 Main St., Kansas City, MO 64113

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **T-shirt: Youth M L XL Adult S M L XL**  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Parents** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_  
**E-mail** \_\_\_\_\_ **School** \_\_\_\_\_

**Release – Waiver of liability and proof of insurance:** I/we the undersigned on behalf of myself and my/our child listed above understand all the risks associated with the sport of basketball and basketball camp participation and do hereby hold harmless and release, waive and covenant not to sue any member of the camp coaching staff, the host institution as well as its employees and board members, or J. Stiles Total Training from any and all claims of liability. I/we further consent my/our child is physically able to participate in the camp, and I/we authorize the coaching members of the camp to escort my/our child to the hospital upon emergency. In addition, I/we verify my/our child has accident insurance coverage and I/we will accept all financial responsibilities of injuries arising from participation in this camp.



Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_