



# ROBBIE VALENTINE 2026 SUMMER BASKETBALL CAMP

**Boys & Girls Ages 5-14**

<p><b>CAMP SESSIONS:</b></p> <p>June 15 - 18 June 22 - 25</p>	<p><b>TIMES:</b></p> <p><b>FULL:</b> 9 AM -3 PM (Lunch at NOON) <b>HALF:</b> 9 AM -12 PM</p>	<p><b>COST:</b></p> <p>\$180 per camper for full days \$90 per camper for half days</p>	<p><b>LOCATION</b></p> <p>Waggener High School 330 S. Hubbards Ln. Louisville, KY 40207</p>
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**DEFENSE • SHOOTING • PASSING • BALL HANDLING • TEAMWORK • LEADERSHIP**

## LEARN FROM EXPERIENCED COACHING STAFF:

- Robbie Valentine**, University of Louisville 1986 Championship Team
- Darryl Murray**, Camp Director; University of Tennessee
- Joe Estes**, Loyola University, Chicago
- Brooke Valentine Thomas**, Bellarmine University
- Darryl Baker**, Danville Community College
- Kylie Floyd**, Centre College
- Aija Estes**, Indiana Southeast University



# ROBBIE VALENTINE 2026 SUMMER BASKETBALL CAMP REGISTRATION FORM



## CAMP SESSION:

JUNE 15-18  Full  Half

JUNE 22-25  Full  Half

## CAMPER REGISTRATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

T-shirt Size: Youth:  Small  Medium  Large Adult:  Small  Medium  Large

Any Physical Restrictions? If yes, please explain: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Full or Half Day: \_\_\_\_\_

**\*Please note that Full day campers should pack their own lunch for each day of camp. Concessions will be available for purchase.**

**For more information visit [www.RobbieValentineEvents.com](http://www.RobbieValentineEvents.com) or call 502-909-2815.**

## EMERGENCY CONTACT INFORMATION

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

Relation to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REGISTRATION INSTRUCTIONS

You may return this registration form in one of the following ways:

- Register online at [www.RobbieValentineEvents.com](http://www.RobbieValentineEvents.com)
- Scan the Camp Registration QR code to the right
- Bring Registration and cash to the first day of the camp session



CAMP  
REGISTRATION

## RELEASE

I hereby authorize the directors of the Robbie Valentine Basketball Camp to act according to their best judgment in any emergency requiring medical attention for my child/ward. I hereby waive and release the Robbie Valentine Basketball Camp, its directors, staff, volunteers, and affiliates from any and all liability for any injuries and/or illnesses incurred while attending camp. I hereby warrant that my child/ward is in good physical condition and able to participate in all camp activities.

I also grant permission for the Robbie Valentine Basketball Camp to photograph and/or record my child/ward during camp activities and to use such photographs, video, or other media for promotional, marketing, social media, website, and advertising purposes without compensation or further notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_