



## HSE Girls Basketball Shooting Camp (Grades 2 - 8)

DATES	SESSIONS	TIME	COST
May 30-31st	#1- Grades 2, 3, 4, 5 (Fall 2018)	9:30am – 11:10am	\$35 per camper if registered by May 25 <sup>th</sup> . \$40 after May 25 <sup>th</sup> .
May 30-31st  Camp will be in Aux gym. Enter school through Door 10.	#2- Grades 6, 7, 8 (Fall 2018)  *Online Registration ends May 28 <sup>th</sup> .	11:15am – 1:00pm	\$10 discount for Shooting Camp if participating in both Youth and Shooting Camps AND forms are submitted at the same time.

This camp will focus solely on the fundamentals of shooting the basketball. We will break down the shot and work with each player on their technique. Then we will apply your shot in various shooting competitions and half court games. You will receive instruction from the **Girls' Varsity basketball staff as well as players** in the program. If you are a player who has desire to improve your shooting skills and enjoy two days of instruction on developing your shot, you are encouraged to attend our camp. It will be an exciting experience. Each participant will receive a T-shirt.

\*\*Registration is accepted on first day of camp, but t-shirt is not guaranteed.  
Questions- contact Coach Huppenthal- chuppenthal@hse.k12.in.us

How do I register for camp? Register ONLINE @ Rank One Sports-

<https://www.rankonesport.com//Public/Camps/CampsList.aspx?D=5cf54121-7a61-4855-b858-601b9f1c3697>

**TO REGISTER ONLINE, YOU MUST PAY ONLINE!! OR**

Complete form below and mail check and form to the address below:

**HSE Girls Basketball Camp- 13910 E. 126<sup>th</sup> Street, Fishers, IN 46037**

Camper Name:	Grade entering Fall 2018-
Parents Name:	Session- #1 #2 (Circle One)
Address:	T-Shirt Size- YS -YM - YL - AS - AM - AL - AXL
Parent contact #	Email address:

Consent Form. I hereby give my consent for my child to participate in the HSE camp. All personnel associated with the camp shall not be held liable for any injury my child may sustain in the activities thereof. I do not know of any physical or health problem or conditions of my child that would impart participation in the camp. In the event my child is injured, I authorize HSE staff to secure first aid and to secure the services of health care professionals to treat my child. I will be responsible for the costs of that care. I understand that participation in the activities at this camp create a risk of injury to my child and I accept that risk. Both my child and I release HSE Schools and its employees and agents from any liability for any injury my child may suffer at camp for any reason.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_