



2018

HOOP IT UP BASKETBALL CLINIC

Campbellsville High School



JUNE 11-14

CLINIC DIRECTORS

Tim Davis
CHS Head Coach

Cody Wills
CHS Asst. Coach

Will Griffin
CHS Asst. Coach

A NOTE FROM THE COACHES

We would like to invite you to attend the 2018 Hoop It Up Basketball Clinic held at Campbellsville High School, June 11-14. The clinic will be each day from 9:00 until 12:00 noon.

The most important time in developing as a basketball player is between March and September. Hard work during the off-season will pay dividends next fall. Remember, if you are not working to become a better player, somewhere someone else is, and when you meet, he/she will win.

The clinic will include teaching the basic fundamentals, daily shooting and fundamental contests, 3 on 3 play, and 5 on 5 team play. Players will be taught basketball skills in an environment that instills discipline and a hard work ethic, two skills needed today to be a successful athlete. Please join us for 4 days of basketball instruction and fun at the 2018 Hoop It Up Basketball Clinic. For more information call 270.403.2671 or email tim.davis@cville.kyschools.us.

CAMP INFORMATION

- For Grades 1 – 8 (fall of 2018)
- Clinic will begin each day at 9:00 a.m. and will finish by 12:00 noon.
- Players will be grouped according to size, grade and age.
- Each player will receive a t-shirt and outdoor basketball

COST

- \$60.00 per person; **\$50.00 if paid by June 1st.**
- Players from the same family receive a \$5.00 discount per player
- Make checks payable to Tim Davis; mail application and money to 306 Hoops Lane; Campbellsville, KY 42718

APPLICATION FORM

Last Name _____ First Name _____ Age _____

Address _____ City/St _____ Zip _____

Home Phone # _____ Cell # _____

School _____ Grade (fall of 2018) _____

Parent or Guardian _____

Insurance Co _____ Policy Number _____

T-shirt Size (Circle One): Adult: Small Medium Large X-Large XX-Large Youth: 6-8 10-12 14-16

PERMISSION: Permission is hereby granted to the camp directors to contact the proper personnel for treatment in case of an accident. I further grant permission to administer all medical services they may be required resulting from participation, including referral. I agree and understand that I accept full financial responsibility for any treatment and no claims or lawsuits should be filed against Campbellsville Schools, personnel, camp directors, and camp staff as a result of possible injury.

Parent or Guardian Signature _____

RETURN BY JUNE 8, 2018