



2019 Campbellsville Eagles Basketball Camp Campbellsville High School



JUNE 20-21

CAMP DIRECTORS

Anthony Epps
CHS Head Coach

CHS Asst. Coach

CHS Asst. Coach

A NOTE FROM THE COACHES

We would like to invite you to attend the 2019 CAMPBELLSVILLE EAGLES BASKETBALL CAMP held at Campbellsville High School, June 20-21. The camp 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. 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 2 days of basketball instruction and fun at the 2019 Campbellsville Eagles Basketball Camp. For more information call 270.402.2557 or email anthony.epps@cville.kyschools.us.

CAMP INFORMATION

- For Boys/Girls Grades 3 – 8 (fall of 2019)
- Camp will begin each day at 9:00 a.m. and will finish by 12:00 noon.
- Players will be grouped according to grade.
- Lunch will be provided daily

COST

- **\$40 Per Camper**
- Make checks payable to Campbellsville High School; mail application and money to 413 Old Pitman Road; Campbellsville, KY 42718
- Walk-up Registration will be available beginning at 8:15am, June 20th

APPLICATION FORM

Last Name _____ First Name _____ Age _____

Address _____ City/St _____ Zip _____

Home Phone # _____ Cell # _____

School _____ Grade (fall of 2019) _____

Parent or Guardian _____

Insurance Co _____ Policy Number _____

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 13, 2019