



Freeland Basketball Presents

THE 2019 SUMMER YOUTH BASKETBALL SKILLS CAMP
INTENDED FOR GIRLS 2ND - 11TH GRADE

(This is the grade that you are currently in, 2018/19)

COST - \$40 PER CAMPER FOR CAMP 1 OR 2. \$30 PER CAMPER FOR CAMP 3
ALL PROCEEDS GO TO THE GIRLS BASKETBALL PROGRAM

Instruction by the current Freeland coaching staff

Tuesday, June 18th Wednesday June 19th Thursday June 20th 2019

CAMP #1 - 2nd, 3rd and 4th grade girls (current grade), 12:00PM - 2:00PM

PERSONALIZED INSTRUCTION TO INCLUDE THE FOLLOWING: FUNDAMENTAL SKILLS AND INTRODUCTION TO BASIC STRATEGY. CAMPERS TAKE PART IN DRILLS THAT TEACH BALL HANDLING, SHOOTING, PASSING, REBOUNDING AND DEFENSE.

CAMP #2 - 5th, 6th, and 7th grade girls (current grade) 2:00PM - 4:00PM

PERSONALIZED INSTRUCTION TO INCLUDE THE FOLLOWING: FOCUS ON OFFENSIVE AND DEFENSIVE SKILL DEVELOPMENT FOR PLAYERS OF ALL ABILITIES. THIS CAMP BUILDS ON THE BASIC FUNDAMENTALS OF THE GAME OF BASKETBALL.

Tuesday, June 18th and Thursday June 20th 2019 (2 DAYS \$30)

CAMP #3 - 8th, 9th, 10th and 11th grade girls (current grade) 6:00PM - 8:00PM

PERSONALIZED INSTRUCTION TO INCLUDE THE FOLLOWING: FOCUS ON OFFENSIVE AND DEFENSIVE SKILL DEVELOPMENT FOR PLAYERS OF HIGH SCHOOL ABILITIES. THIS CAMP BUILDS ON THE ADVANCED FUNDAMENTALS OF THE GAME OF BASKETBALL.

EACH PRE-REGISTERED CAMPER WILL RECEIVE A FREE T-SHIRT. REGISTRATION DEADLINE IS FRIDAY, JUNE 7th 2019. YOU MAY REGISTER LATE DURING THE FIRST DAY OF THE CAMP FOR \$35 (T-SHIRT NOT INCLUDED). PLEASE ARRIVE 15 MINUTES BEFORE THE START OF CAMP. REGISTRATION AND CAMP WILL BE HELD AT THE HIGH SCHOOL GYM.

(Detach and return this portion of form)

FREELAND BASKETBALL SUMMER BASKETBALL CAMP

Make checks payable to:	Freeland Community School District	Please check	Camp 1 \$40 _____
Mail Form and Entry Fee to:	Freeland High School (Athletic dept.)		Camp 2 \$40 _____
or	8250 Webster Rd.		Camp 3 \$30 _____
Drop off at the HS office	Freeland, MI 48623-8445	Shirt Size	YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ XL ___

_____	_____	_____	\$ _____
Student Name (please print)	Current Grade	Phone Number	Amount enclosed

As the parent or legal guardian of the above student, I hereby generally waive, release, indemnify and hold harmless the Freeland School District, its officers, directors, administrators, instructors, coaches, agents, representatives and/or assigns, or the like who are associated with the Clinic in any way, from injury or liability whatsoever which may result from the student's participation in the Clinic. Further, I hereby affirm that the student is medically able to participate in the Clinic without limitation.

Signature of Parent or Guardian

Date