

REDSKINS BOYS' BASKETBALL CAMP 2017

DATES: Monday, June 5 thru Thursday, June 8
TIMES: 9:00am-10:30am grades 1-2 (2017-18 school year)
 10:45am-12:30pm grades 3-4 (2017-18 school year)
 1:30pm-4:00pm grades 5-6 (2017-18 school year)



WHERE: Wapakoneta Elementary School

PURPOSE: The purpose of this camp is to teach the fundamentals of basketball. All aspects of the game will be taught: Shooting, Footwork, Passing, Ball Handling, Rebounding, Screening, etc. Team Offense and Team Defense concepts will also be stressed. There will also be competitions and games. The camp is conducted by the Wapakoneta High School boys' basketball coaching staff and players.

*****OPEN TO ALL EXPERIENCE LEVELS*****

FEE: The fee for this camp is \$40 per player and \$20 for any additional sibling enrolled in this year's camp. A camp T-shirt will be included.

REGISTRATION: Form and fee due by Friday, May 12, 2017.

In order to conduct the best possible camp, we encourage everyone to register as early as possible. Please make checks payable to "Wapakoneta Athletic Boosters." Either return the completed application form along with a check or money order to your school's office or mail to:

Wapakoneta Athletic Dept. c/o Coach Paul Sadler
 1 W. Redskin Trail
 Wapakoneta, OH 45895

Check out Camp videos at the Wapak Basketball YouTube channel:
<http://bit.ly/25N2m9G>

Feel free to call Coach Sadler at home (419-738-9404) with any questions.

LATE REGISTRATION: If you register after May 12, the fee will be \$45 for a late shirt order

----- (CUT HERE. RETURN BOTTOM ONLY. KEEP TOP FOR REFERENCE TIMES AND DATES) -----

REDSKINS BOYS' BASKETBALL CAMP APPLICATION FORM

Name of Camper(s): _____

Grade (for 2017-2018 school year): 1 2 3 4 5 6 (circle one)

Address: _____ Medical Concerns? _____

Who should be contacted in an emergency? _____ Emergency phone? _____

SHIRT: YOUTH SIZE: S M L ADULT SIZE: S M L XL (circle one)

I give permission for my son to participate in the Redskins' Boys' Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my son's participation in the RBBC, I hereby agree and promise that I will not hold the RBBC, Wapakoneta City Schools, or its employees responsible for any loss, damages or personal injuries that he may receive as a result of participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case I can't be reached.

PARENT OR LEGAL GUARDIAN: _____