

CLICK HERE to Register Online!

1. Camper/Player Information:

Name: _____

School: _____

Entering Grade ____ Next Year (2020-21)

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Relationship to Participant:

Phone Number(s) _____

2. Please Check Specific Sessions:

May 26th-29th Tues-Fri 8:00am-Noon

June 15th-18th Mon-Thurs 1:00-5:00 pm

Circle Shirt Size:

Youth (S, M, L), Adult (S, M, L, XL)

3. Complete the waiver on the reverse side.

4. Payment:

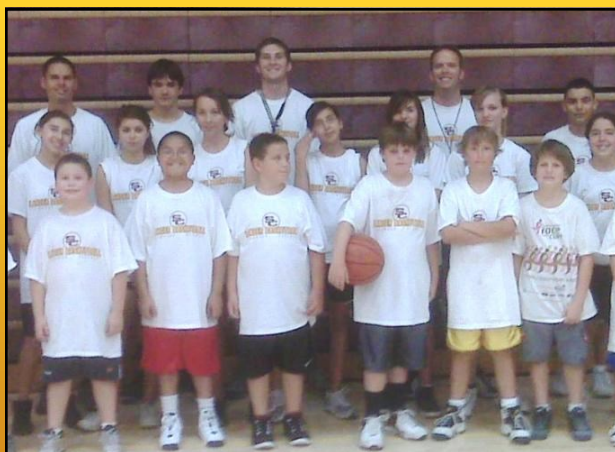
Checks Payable To: Basketball Essentials

To reserve a spot, a \$115 participation fee must accompany your registration form. Additional sessions for the same individual or siblings are only \$100. Mail registration and payment to:

Basketball Essentials c/o Brian Holstrom

1545 E. Copper St.

Tucson, AZ 85719



About the Camp

Facilities: Held at Salpointe Catholic High School, the Basketball Essentials Summer Camp utilizes Salpointe's main gymnasium and provides all the equipment for development and gameplay.

Staff: Salpointe's coaching staff as well as current or former varsity and collegiate players provide excellent instruction and assessment of basketball fundamentals and gameplay.

What to Bring: Athletic clothes, gym shoes, and some cash for the snack bar!

Contact:

Coach Brian Holstrom

bholstrom@salpointe.org

(520) 547-9359



Basketball Essentials



SUMMER
CAMP

2020

For Players Entering Grades 4-9

**May 26th—29th,
June 15th—18th**

LOCATION:

Salpointe Catholic High School
1545 E. Copper St.
Tucson, AZ 85719

**Session I: May 26th-29th
Tues-Fri: 8 am- Noon**



**For Boys
entering
4th-9th
Grades**

**Session II: June 15th-18th
Mon-Thurs: 1-5pm**

Daily Activity

Fitness for Fun



Active Stretching
Body Conditioning

Individual Skill Stations

- Ball-Handling
- Passing
- Footwork
- Rebounding
- Defense
- Post Play
- Shooting
- Guard Play



Team Play

Defense-Transition-Offense
Timed Games, Situational Play

**Demonstrations
Skill Games and Prizes**

HEALTH INSURANCE INFORMATION:

Health Insurance Co.

Policy

No. _____

Group

No. _____

Basketball Essentials

WAIVER OF LIABILITY

By my signature below, I authorize my child to participate in the Program described above or in the attached brochure (the "Program") and I acknowledge the risks inherent in that participation by my child.

I further authorize the persons staffing the Program to act for me according to their best judgment in any emergency requiring medical attention for my child and I hereby waive and release those staffers, the Program and Salpointe Catholic High School from any and/or all liability for any injuries or illnesses incurred while participating in the Program, while in attendance or in transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct.

I have no knowledge of any physical impairment of my child that would be affected by his or her participation in the Program, as outlined in the brochure/website.

Signature of Parent \ Guardian

Date