

**COVINGTON BASKETBALL
CMS BOY'S TEAM CAMP**

**FOR 7TH & 8TH GRADERS
(NEXT FALL)**

**CAMP DATES JUNE 7-10
CAMP TIME - 1:00 - 3 PM**

TEAM CAMP FEATURES

- ◆ CAMP SHIRT
- ◆ SHOOTING COMPETITIONS
- ◆ FREE THROW COMPETITION
- ◆ TEAM DEFENSE
- ◆ TEAM OFFENSIVE CONCEPTS
- ◆ 5 ON 5 GAMES

FUNDAMENTALS STRESSED

- PASSING SKILLS
- DRIBBLING SKILLS
- REBOUNDING TECHNIQUE
- SHOOTING FORM
- POST PLAY
- PERIMETER PLAY
- TRANSITION DRILLS
- OFFENSIVE CONCEPTS
SCREENING & PASSING
- FOOTWORK DRILLS
- COORDINATION DRILLS
- DEFENSIVE CONCEPTS

**FORM TO COACH OWENS OR
MAIL TO ADDRESS GIVEN**

**THIS SUMMER THE BOYS
BASKETBALL STAFF WILL
OFFER A TEAM CAMP FOR
BOYS IN GRADES 7 & 8.**

**CONTACT COACH CRAFT AT
CHS 473-2552 OR 473-3782
IN THE EVENINGS WITH
ANY QUESTIONS.**

**EACH CAMPER WILL
RECEIVE A CAMP SHIRT
(if registered by
*MAY 23rd DEADLINE).**

**PARENT'S READ & COMPLETE
REGISTRATION**

PLAYER _____

ADDRESS _____

**_____
(CITY) _____ (ZIP)**

GRADE NEXT FALL _____

SHIRT SIZE YM ____ YL ____

ADULT- S ____ M ____ L ____

HOME PHONE _____

**PHONE # DURING CAMP
_____**

***CHECKS PAYABLE TO:**

COVINGTON BASKETBALL- \$40

**SEND TO: COACH CRAFT
COVINGTON H.S.
807 CHESTNUT ST
COVINGTON, OH 45318**

**PARENT PERMIT FOR
ATHLETIC PARTICIPATION**

I hereby grant permission for my son,

(First & Last Name)

To participate in the summer camp.

One of the following statements must
be answered in the **affirmative** to
complete this permit:

____ **Yes**, I have adequate insurance to
cover medical expenses, if needed.

____ **Yes**, I will assume all
responsibilities for medical expenses
without the benefit of insurance.

WE HEREBY GIVE CONSENT TO THE
COACHES OF COVINGTON SCHOOLS TO
SECURE TREATMENT AT THE BEST AVAIL-
ABLE HOSPITAL IN CASE OF INJURY.

WE FURTHER GIVE CONSENT FOR THE
HOSPITAL OFFICIALS OR DOCTORS TO
TAKE NECESSARY ACTION TO PROVIDE
THE BEST TREATMENT UNTIL WE ARE IN
CONTACT WITH THE PARENTS.

Parent Signature _____

Date _____