

COVINGTON BASKETBALL
KID'S CAMP

FOR 3RD - 6TH GRADERS
(NEXT FALL)

CAMP DATES JUNE 8-10

CAMP TIME 8:15 - NOON

See Buccshoops.com for more info

CAMP FEATURES

- ◆ CAMP SHIRT
- ◆ SHOOTING COMPETITIONS
- ◆ HOT SHOT/BEAT JORDAN
- ◆ FREE THROW COMPETITION
- ◆ CAMPER OF THE DAY AWARDS
- ◆ AWARD CERTIFICATES
- ◆ 1 ON 1 TOURNEY
- ◆ 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

THIS SUMMER THE BOYS BASKETBALL STAFF WILL OFFER A CAMP FOR BOY'S IN GRADES 3-6 NEXT FALL.

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 22nd 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- \$55

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 AVAILABLE 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

