

2010 BASKETBALL CAMPS

“Specializing in Fundamentals”

JUNE 7 – 10; JUNE 28 – JULY 1; JULY 19 - 22

9:00 AM – 12:00 NOON



CONDUCTED AT MEMORIAL HIGH SCHOOL

AGE & ELIGIBILITY: 6 – 14 / BOYS & GIRLS (NO INCOMING OR HIGH SCHOOL STUDENTS)

COST: \$95 PER CAMPER (SIBLINGS - \$85) **LIMITED ENROLLMENT**

REGISTRATION: **REGISTRATION FORM ON BACK – WALKUPS ACCEPTED ON 1st DAY OF CAMP**

FACILITY: MEMORIAL HIGH SCHOOL – 2 GYMS /BLALOCK / ECHO LANE & I – 10 WEST
TWO GROUPS – DIVIDED BY AGE & ABILITY – NOT GENDER

DIRECTORS: DAVE LAY – CAMP DIRECTOR
JYUSEF LARRY – COMMUNICATIONS DIRECTOR
GUY BARRE – CAMP COORDINATOR

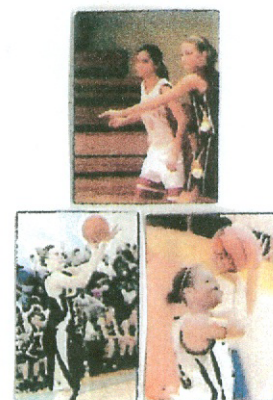
EQUIPMENT: SHORTS, SHIRT, TENNIS SHOES, AND SOCKS (NO HATS)
** BRING PLENTY OF DRINKS AND SNACKS **

DAILY SCHEDULE:

9:00 - 9:15	WARM-UP & LECTURE – WEEKLY PLAN & SCHEDULE
9:15 - 9:45	DRIBBLING, PASSING, SHOOTING – PROPER TECHNIQUE
9:45 - 10:00	3 SHOOTING DRILLS (FREE THROW, LAY-UP, HOT SHOT)
10:00 - 10:10	BREAK & SNACK TIME – TALK BASKETBALL
10:10 - 10:25	MAN TO MAN DEFENSE – INDIVIDUAL & TEAM
10:25 - 10:40	3 SHOOTING CONTESTS (FREE THROW, LAY-UP, HOT SHOT)
10:40 - 10:55	TEAM DEFENSE – 1 ON 1 AND 5 MAN TEAM – SHELL DRILL & HELP
10:55 - 11:05	BREAK & SNACK TIME – TALK BASKETBALL
11:05 - 11:20	3 SHOOTING CONTESTS (FREE THROW, LAY-UP, HOT SHOT)
11:20 - 12:00	5 MAN LEAGUE GAMES / RULES / COACHING

AWARDS: EACH PLAYER RECEIVES A T-SHIRT, AWARD & CERTIFICATE

INFORMATION: CALL: COACH BARRE (281) 497-6485
E-MAIL: INFO@2010BASKETBALLCAMP.COM
WEBSITE: WWW.2010BASKETBALLCAMP.COM



THIS ORGANIZATION IS APPROVED BY – BUT NOT RELATED TO SPRING BRANCH ISD

SPONSORED BY:

SafeWay Driving Centers – Teaching Houston To Drive

Adams Automotive

McCarble Development

Dr. Mark Provenzano & Dr. Carl Palumbo

REGISTRATION FORM

PLAYER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____ T-SHIRT SIZE: YS __ YM __ YL __ AS __ AM __ AL __

PLAYER'S BIRTHDATE: _____ SCHOOL: _____
(ex. 01/01/2000)

FATHER'S NAME: _____ EMERGENCY PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

Camp Medical Waiver

I, the undersigned, being the parent, or legally authorized guardian of _____ agree to hold the coaches of the 2010 Basketball Camp harmless from all liability for any injuries / illness which my child may receive while participating in the 2010 Basketball Camp. I understand that the 2010 Basketball Camp and its activity is not related to or sponsored by the Spring Branch Independent School District, but is considered a rental and as such, is in compliance with all board and district athletic policies related to such usage. I herewith authorize the director, supervisor and / or district employee to secure medical services for any family member if necessary and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical and hospital costs.

Signature of parent or legal guardian: _____

EMERGENCY INFORMATION

FATHER'S PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S PLACE OF EMPLOYMENT: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

INSURANCE POLICY: _____ PHONE: _____
(Company) (Policy Number)

EMERGENCY CONTACT: _____ PHONE: _____
(Other Than Parent)

MAKE CHECKS PAYABLE TO: **2010 BASKETBALL CAMP**
SEND APPLICATIONS TO: **14126 St. Mary's Lane**
Houston, Texas 77079

CAMP QUESTIONS: (281) 497-6485