

**HORSEHEADS VARSITY "H"
BOYS BASKETBALL
SUMMER CAMP**



To Register:

Complete the registration form below.

Read the AUTHORIZATION FORM on the reverse side and sign it in the designated area, detach and MAIL ONLY THE REGISTRATION FORM to:

HORSEHEADS CENTRAL SCHOOL
ATHLETIC DEPARTMENT
ONE RAIDER LANE
HORSEHEADS, NY 14845

**PLEASE BRING PAYMENT
TO FIRST DAY OF CAMP**

**\$85.00 MAKE CHECKS PAYABLE TO:
HORSEHEADS VARSITY "H" CLUB**

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

AGE _____

SCHOOL _____

GRADE FALL 2018 _____

SHIRT SIZE: YS YM YL
(circle one) AS AM AL AXL



HORSEHEADS ATHLETIC OFFICE
ONE RAIDER LANE
HORSEHEADS, NY 14845
607-739-5601

**HORSEHEADS
VARSITY "H"
BOYS
BASKETBALL
CAMP**



**July 2,3,5 and 6
Grades 3-8
9:00-12:00**

**SPONSORED BY:
HHS VARSITY "H"**
Horseheads Central School
Athletic Office
One Raider Lane
Horseheads, NY 14845

BASKETBALL FUNDAMENTALS

The Blue Raider Coaching Staff will be the camp instructors.



The coaches will bring with them many new and innovative coaching techniques, as well as experience and talent.



This summer camp will emphasize proper skill development, technique and fundamentals, along with many other important training procedures to ensure an excellence in the sport of basketball.



GENERAL CAMP INFO

CAMP DATE: July 2,3,5 and 6

CAMP TIME: 9:00-12:00

CAMP LOCATION: Horseheads Middle School on Sing Sing Rd.

AGE GROUP: Grades 3-8

The Camp will be divided into grade groups:

GRADES 3-4

GRADES 5-6

GRADES 7-8

REQUIRED EQUIPMENT:

Shorts and sneakers

CAMP REGISTRATION:

Camp cost is \$85.00.

This includes a Camp T-shirt.

THE CAMP: Basic fundamentals of ball handling, shooting, dribbling, offensive play and defensive play will be taught.

INFORMATION: Contact Athletic Office at 739-5601 ext. 4254

AUTHORIZATION

WE THE UNDERSIGNED PARENT OR GUARDIANS OF _____ A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM AND ACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR BE SUBJECT TO DISMISAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY.

Parent/Guardian: _____

Please print

SIGNATURE(PARENT)_____

HOME_____ WORK_____

PHYSICIAN_____

DATE SIGNED_____