

## Alcester-Hudson – Summer Basketball Camps

# Camp Date: July 27-29 Location: Alcester-Hudson Elementary Gym

Session 1: 3rd-6th Grade Boys/Girls

Register according to the grade you will be in fall of 2017

**Date**: July 27-29 **Time:** 1:00-3:00 pm

Alcester-Hudson athletes - \$49.50 (Alcester-Hudson Booster

Club is paying ½ the cost of camp for Alcester-Hudson athletes.)

Non-Alcester–Hudson Athlete Cost - \$99

All athletes in this session will get a t-shirt & basketball

#### **Camp Overview**

Contact Number

**Email Address** 

The Warwick Workout Skills Camp is designed for players looking to enhance and expand their skill set. Warwick Workout trainers will work with players to excel in their respective positions through progression based teaching of your offensive game. Camp focuses on perimeter moves currently used in college & NBA, shooting instruction and development, footwork and shot preparation, creating space to score, finishing at the rim and advanced ball handling concepts.

#### Session 2: 7th-12th Grade Boys/Girls

Register according to the grade you will be in fall of 2017

**Date:** July 27-29 **Time:** 9:00 am - noon

**Alcester-Hudson athletes - \$75** (Alcester-Hudson Booster Club is paying ½ the cost of camp for Alcester-Hudson athletes.)

Non-Alcester-Hudson Athlete Cost - \$150

All athletes in this session will get a t-shirt & non-pocketed

For questions about the clinic please
contact Tamara Moller
605-999-0676

mollertamara@gmail.com

Rea	istra	tion	<b>Form</b>

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\*\* Out of town athletes please mail in registration with full camp payment to:

Alcester Hudson Booster Club

Alcester-Hudson Basketball Camps

Dates: July 27-29

PO Box 651

Make Checks Payable to: Avera Sports Center	Alcester, SD 57701
Name of Athlete	Grade
Session 1: 3rd-6th grade	Session 2: 7th-12th grade
Please make ch	ecks payable to Avera Sports
Parent Name	

### **Camp Waiver Information**

I understand that the staff is not and will not be held responsible for illness or injury while my child participates in camp activities. I authorize the staff to secure any emergency treatment deemed necessary. I also acknowledge that the above participant is physically ready for camp activities.

Parent Signature:	Date:	
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