



# Ambush Basketball Academies

TOTAL PLAYER, TEAM, AND PROGRAM DEVELOPMENT

## ALCESTER-HUDSON TEAM CAMP

**JULY 18-20, 2017**

**Location: Alcester-Hudson High School  
102 E. 5<sup>th</sup> St  
Alcester, SD 57001**

### **Camp Time & Cost:**

**8th-12th Boys from 9:00-11:30 am = \$110**

**4th-7th Boys from 11:45-1:45 pm = \$90**

**1st-3rd Boys from 2:30-3:45 pm = \$40**

Please register with Coach Peterson by turning in the form below. Please email [Marty.Petersen@k12.sd.us](mailto:Marty.Petersen@k12.sd.us) or [tri-stateambush@hotmail.com](mailto:tri-stateambush@hotmail.com) with any questions or concerns.

If you feel your child would benefit from playing up and age group, please sign them up for the older groups.

Each Athlete will receive an AMBUSH BASKETBALL CAMP T-Shirt

### **More AMBUSH info**

The camp/clinic will be used to challenge players in the fundamental, skill development portion of basketball and how those skills apply to success in real basketball games. Basketball is a skilled sport (dribbling, shooting, scoring, decision making, etc.) and if one is not skilled, how can one expect to have success at the skilled portion of the game during live action?

The camp/clinic will be broken down into individual drills players can do on their own to gain confidence in that skill.

Then, come the competitive drills players can use to start playing with purpose, instead of just playing to play. Everybody wants to be a basketball player or at least talk about being one; Very few are willing to put in the time. Even fewer put in time with a purpose. Our goal is to create passion with a purpose.

## **REGISTRATION FORM**

**Must pre-register with Coach Peterson.**

**Checks can be made out to Ambush. Please email with any questions or concerns. Thank you**

PERMISSION AND RELEASE: I give permission, on behalf of the players and their parents, for the players to play in this event. I understand that Ambush Basketball, the sponsoring organizations, its members, and volunteers have no responsibility and assume no liability of participation in this event. Participate at own risk.

Player Name \_\_\_\_\_ Age/Grade/School \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Email(s) \_\_\_\_\_ / \_\_\_\_\_

### **PARENTAL/ GUARDIAN CONSENT**

I, \_\_\_\_\_ (PRINT NAME) Parent/guardian hereby give my consent for my child named above to participate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Need Spirit Wear, Team Uniforms, or Apparel/Uniforms for Business? Contact Ambush Apparel below  
605-231-4848 / [www.ambush-apparel.com](http://www.ambush-apparel.com) / [garrett.ambushapparel@gmail.com](mailto:garrett.ambushapparel@gmail.com)**