

SHOOTERS GOLD BASKETBALL CAMP

Summer 2010

Dear Basketball Enthusiast,

The Shooter's Gold Basketball Camp is proud to invite you to our 25th annual summer of basketball instruction.



At Shooter's Gold we will be concentrating on developing your individual skills as a player.

Our primary focus will be on the offensive side of the ball. We will teach proper shooting form, one-on-one moves, post moves and how to play the game.

Our Shooter's Gold Staff feels it is important for you to develop a "love of the game" and we look forward to sharing our knowledge with you!

We encourage you to pre-register! Enrollment at each session is limited. Please refer to the website for more details.

TYPICAL DAILY SCHEDULE

- Warm Up
- Skill Work (shooting/offensive drills)
- Lead Up Games/Contest Large Group Activity and Games
- Rules and Game Concepts
- Help Stations
- Self-Help Sessions
- Mini-Lectures
- Daily Wrap-up

Every participant should bring a juice or snack for their daily sessions. Players should be equipped with sneakers, shorts, socks and T-shirts.

Breakfast and Lunch included.

NDHS and Paul Hogan Basketball Camps, LLC Liability Waiver and Registration Form
Please print

Name: _____ Age: _____ Male: _____ Female: _____ Entering Grade: _____
Email: _____
Address: _____ Town/State: _____ Zip: _____
Emergency Phone Number: _____ Home Phone Number: _____
School: _____ Coach: _____ T-Shirt: XXL XL L M S YL (Adult)
Parent or Guardian's Name: _____ Address: _____
Insurance Co: _____ Insurance Cert#: _____
Check 1 Day camp only 8am-1pm _____ Extended Day Camp 8-3:30pm _____

I hereby give my permission for (Name) _____ to participate in the **Shooter's Gold Basketball Camp @ NDHS**. My son/daughter is in good physical condition and I understand that he/she will participate in rigorous activity and play. The Camp will safeguard the health of the camper but will not be responsible for accident or sickness. I hereby request that my child named above be admitted to **Shooter's Gold Basketball Camp** and I authorize the directors to act for me in any emergency requiring medical attention. I assume responsibility for payment of such attention. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of Florida.

Parent or Guardian's Signature: _____ Date: _____

Return to: NDHS 4900 Old Pleasant Hill Rd, Kissimmee, FL 34759 Attn: Athletics
Make CHECKS payable to: NDHS

June 21-24, 2010

Register early as camp enrollment is limited.

8am-1pm with extended day camp option.

\$70.00 before June 1

\$80.00 after June 1

\$100.00 for extended day. (8am-3:30pm)

Breakfast and Lunch included.
Participants will receive T-shirt and Basketball

Boys & Girls Grades 5-8

Under the direction of

Coach Ryan H. Adams

Varsity Head Coach—NDHS

407-592-3028

adams@newdimensionshs.com

