

Parental Release

I hereby authorize the staff of Andy Fehrenbacher and the Wildcat Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Coach Andy Fehrenbacher, camp coaches, and SCHS Unit 600 from any and all liability for any injury or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the named camper's participation in the camp program, as outlined in the brochure.

Parent or Guardian's Signature

Date

Areas of Focus:

1. Post shooting
2. Perimeter shooting
3. Pass receiving in preparing for the jump shot
4. Footwork
5. Cutting
6. Screening
7. Post play
8. Passing
9. Ballhandling
10. Penetrating
11. Teamwork
12. Game situations

Coach Fehrenbacher and his staff will provide the instruction and supervision. Both group and individual instruction will be used to enhance each participant's skill level.



WILDCAT BASKETBALL CAMP



**Boys Entering
Grades 1st – 8th**
(2017-2018 School Year)

June 19 - 22

June 26 - 29

Session Dates

All sessions below refer to the grade you will be in next August. Please sign up for the session that applies to your age group. *Apply early, as applications are due by June 2, 2017.*

Session I

1st and 2nd grades

June 19-June 22 8:00 – 10:00 am

Session II

3rd and 4th grades

June 19-June 22 10:30 – 12:30 pm

Session III

5th and 6th grades

June 26-June 29 8:00 – 10:30 am

Session IV

7th and 8th grades

June 26-June 29 11:00 – 1:30 pm

Location: B.E. Gum Gym,
Salem Community High School

Tuition

Tuition for Sessions I and II is \$40.00.

Tuition for Sessions III and IV is \$50.00.

If there are two or more boys of the same family that signs up for camp, then the combined tuition is \$10.00 less for each additional boy.

Please include full tuition with the application.

Equipment Needed

Campers need to bring basketball shoes, socks, gym shorts and a T-shirt. Lockers will be available; however, campers must provide their own lock.

Camp Application

Name _____

Address _____

City, ST Zip _____

Phone # _____

Year in school (17-18) _____

T-Shirt Size: (Circle One)

Youth: S M L

Adult: S M L XL

Circle the session you wish to attend:

Session I Session II
Session III Session IV

Checks payable & mailed to:

SCHS Boys Basketball
1200 N. Broadway
Salem, IL 62881
618-548-0727