

Leipsic Boys' Basketball Summer Camp



WHEN IS IT?

July 10th -12th
6:00 pm – 7:30 pm

WHAT IS IT?

The Vikings Basketball Team will hold a summer basketball camp covering all aspects of the game of basketball. This will be a great opportunity for young players to work with the JV and Varsity teams and coaching staff to help build proper fundamentals and become a better basketball player.

WHO CAN ATTEND?

Any Boy entering grades 3rd -8th
(2017-2018 school year)

WHERE IS IT?

Leipsic High School Gym

HIGHLIGHTS OF CAMP:

- Free t-shirt to all participants
- Individualized instruction for players of any level and experience
- Players grouped appropriately by age and ability
- Individual evaluations
- Fun, skill, and competitive games

WHAT IS THE COST?

Before May 23rd:
\$45 per Camper/ \$35 for each additional camper. (To ensure a T-shirt)

After May 23rd please add an additional \$5 to the cost.

Make checks payable to
Leipsic Athletic Department

WHAT DO I NEED?

Campers should come prepared wearing shorts, t-shirt, tennis shoes, and bring a water bottle.

Registration Form- Complete, detach and mail with payment to:

Leipsic High School
Boys' Basketball Camp
232 Oak St
Leipsic, OH 45856

OR

Chris Kuhlman
1755 N. Perry St.
Ottawa, OH 45875

If you have any questions, please

contact Coach Kuhlman
chris.m.kuhlman@gmail.com

[419-236-6374](tel:419-236-6374) (Cell)

Note: Flyers will be posted around town as well as reminders on Social Media as the camp nears.

Registration Form

Player Name: _____ Age _____

Grade _____
Address _____

City/Zip _____

Parent Name : _____ Cell _____

Phone: _____
Emergency Contact Name/Phone _____

Are there any Medical Conditions that the staff should be aware of? _____

T-Shirt Size (Circle):

Youth S M L
Adult S M L
 XL

We/I give my permission for my son to participate in the 2017 Leipsic Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my son's participation, I will not hold the camp or its employees or Leipsic School District responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature: _____