

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**
(2018-2019 School Year)

June 18 - 21
June 25 – 28

W/Updated Session Schedule

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 preferred by June 1, 2018.*

Session I

5th & 6th grades

June 18-21 11:30 am–2:00 pm

Session II

7th & 8th grades

June 18-21 2:00–4:30 pm

Session III

1st & 2nd grades

June 25-28 11:30 am–1:30 pm

Session IV

3rd & 4th grades

June 25-28 1:30–3:30 pm

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

Tuition

Tuition for Sessions I and II is \$50.00.

Tuition for Sessions III and IV is \$40.00.

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 (18-19) _____

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