

IWA 5th-8th Grade Basketball Camp



Welcome to the 2019 Summer Chargers Basketball Camp. The Isle of Wight Academy Basketball coaching staff will host their Annual Summer Chargers Basketball Camp starting on June 17, 2019. Our camp is a developmental camp designed for young players. The camp will emphasize fundamentals in ball handling, dribbling, passing, footwork, individual offense and defense as well as shooting techniques. Each camper will have the learning opportunity to improve their skills through group instruction. Each daily session will go for 2 hours Monday through Friday.

The goal of the Summer Chargers Basketball Camp is to provide a complete, in-depth basketball experience emphasizing fundamentals in order to allow young players to reach their full potential. The Summer Chargers Basketball Camp is a great place to improve your skills and to compete against good players. We look forward to seeing you at our camp.

First Session: June 17, 2019 to June 21, 2019

Camp Location: Isle of Wight Academy Gym

Camp Address: 17111 Courthouse Hwy, Isle of Wight VA 23397

Camp Fee: \$80.00 per player

Camp Time: Girls' 9:00 am to 11:00 am & Boys 11:00 am to 1:00 pm

Camp for Girl's and Boys: 5th, 6th, 7th & 8th Grade.

If you are interested in improving your basketball skill level this is the basketball camp you want to attend. The coaching staff has the experience and knowledge to make you a better basketball player. I hope to see you at the camp.

For more information, contact Chris Hooper at (757) 357-3866 or chrishooper@iwacademy.com

2019 Summer Chargers Basketball Camp Registration Form

Please print a hard copy of this registration form, fill out the form and send completed form to:

Chris Hooper

(Please make checks payable to: CHRIS HOOPER)

PO Box 105 Isle of Wight VA 23397

Please call Chris Hooper at (757) 357-3866 for more information about the camps.

SESSION 1: **June 17, 2019 to June 21, 2019 @ Isle of Wight Gym (Girls 9:00 – 11:00) (Boys 11:00 – 1:00).**
Camp for 5th, 6th, 7th & 8th Grade Girls' & Boys.

REGISTRATION INFORMATION (Please print clearly.)

NAME: _____ SESSION # _____

ADDRESS: _____ AGE: _____ GRADE: _____

SCHOOL ATTENDING: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARENTS/GUARDIAN: _____

BASKETBALL CAMP FEE:

CAMPERS: **\$80.00** (per session) PAID _____ CASH _____ CHECK _____ MONEY ORDER _____

(Please make checks payable to: COACH CHRIS HOOPER)

MEDICAL RELEASE FORM: (Please print clearly)

CAMPER NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____

PAST HEALTH PROBLEMS: _____ PAST/PRESENT INJURIES: _____

PRESENT HEALTH PROBLEMS: _____ CURRENT MEDICATION: _____

DRUG SENSITIVITIES: _____ OTHER ALLERGIES: _____

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

INSURANCE COMPANY ADDRESS: _____

HEALTH INSURANCE PHONE NUMBER: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the SUMMER CHARGERS BASKETBALL CAMP. I hereby authorize the Directors of the SUMMER CHARGERS BASKETBALL CAMP to act accordingly for me to their best judgment in any emergency requiring medical attention. I hereby waive and release the SUMMER CHARGERS BASKETBALL CAMP and Isle of Wight Academy from any and all liability from any injuries while at the SUMMER CHARGERS BASKETBALL CAMP.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF AN EMERGENCY, IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ PHONE: _____

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