

# Little Shooters Basketball Camp



Welcome to the 2019 Little Shooters Basketball Camp. Coach Hooper will host Little Shooters Basketball Camp starting on June 24, 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 Thursday.

**First Session: June 24, 2019 to June 27, 2019**

Camp Location: Isle of Wight Academy Gym

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

Camp Fee: \$70.00 per player

Camp Time: 9:00 am to 11:00 am

Camp for Girls' and Boys: 1<sup>st</sup> Grade through 4<sup>th</sup> 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](mailto:chrishooper@iwacademy.com)

## **2019 Little Shooters 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 24 2019 to June 27, 2019 @ Isle of Wight Gym (9:00 am– 11:00 am)**  
Camp for Upcoming (Girl's & Boys) 1<sup>st</sup> grade through 4<sup>th</sup> grade.

### **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: **\$70.00** (per session) PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_  
(Please make checks payable to: 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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