

3rd-5th Grade Basketball Camp



Welcome to the 2023 3rd to 5th Grade Basketball Camp. Coach Hooper will host basketball camp starting on June 12, 2023. 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.

First Session: June 12, 2023 to June 16, 2023

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: 11:00 am to 1:00 pm

Camp for Girls' and Boys: 3rd Grade through 5th 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

2023 3rd – 5th Grade 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 12 2023 to June 16, 2023 @ Isle of Wight Gym (11:00 am– 1:00 pm)**
Camp for Upcoming (Girl's & Boys) 3rd grade through 5th 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: **\$80.00** (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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