

# IWA High School Basketball Camp



Welcome to the 2023 High School Chargers Basketball Camp. The Isle of Wight Academy Basketball coaching staff will host their Annual High School Basketball Camp starting on June 5, 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.

The goal of the High School 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 High School 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 5, 2023 to June 9, 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: Girls' 9:00 - 11:00 am

Camp for Girl's : 8<sup>th</sup> through 12<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)

## **2023 IWA High School 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 5, 2023 to June 9, 2023 @ Isle of Wight Gym (Girls 9:00 – 11:00 am)**  
Camp for 8<sup>th</sup> – 12<sup>th</sup> Grade Girls' .

### **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 TEAM CHARGERS BASKETBALL CAMP. I hereby authorize the Directors of the TEAM CHARGERS BASKETBALL CAMP to act accordingly for me to their best judgement in any emergency requiring medical attention. I hereby waive and release the TEAM CHARGERS BASKETBALL CAMP and Isle of Wight Academy from any and all liability from any injuries while at the TEAM 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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