

# Little Indians Boys and Girls Basketball Camp 2017

**WHEN IS IT?**

June 5<sup>th</sup>-7<sup>th</sup>  
10:30 am - 11:45 am

**WHAT IS IT?**

The High School Boys program will host a basketball camp covering multiple aspects of the game of basketball. This will be a great opportunity for young players to work with the FS and Varsity teams and coaching staff to help build proper fundamentals and become a better basketball player.

**WHO CAN ATTEND?**

Boys and Girls entering 2<sup>nd</sup>-5<sup>th</sup> grades for the **2017-2018** school year

**WHERE IS IT?**

Pecatonica High School  
Gymnasium

**WHAT IS THE COST?**

-\$25.00 (This includes a camp t-shirt)

**Make checks payable to:**  
Pecatonica CUSD #321

**HIGHLIGHTS OF CAMP:**

- Athletes will learn team play
- Athletes will learn fundamentals of the game
- Athletes will receive a Camp shirt for their efforts
- Athletes will learn sportsmanship and integrity

**WHAT DO I NEED?**

Campers should come prepared wearing shorts, t-shirt, tennis shoes, and a water bottle.

**REGISTRATION FORM- Complete,**

detach, put in an envelope, and return the payment and form to the Middle School Office or mail to...

Pecatonica High School  
(Attn: Ben Powers)  
1300 Main Street, PO Box  
419 Pecatonica, IL  
61063

**\*\*Forms and Payment are due by May 26<sup>th</sup> in order to receive the T-shirt**

If you have any questions, please contact Coach Powers at

[benpowers@pecschools.com](mailto:benpowers@pecschools.com)

**Registration Form**

(Forms Due May 26<sup>th</sup>)

Player Name: \_\_\_\_\_  
Age \_\_\_\_\_ Next School Year \_\_\_\_\_  
Grade Level \_\_\_\_\_  
Address \_\_\_\_\_

City/Zip \_\_\_\_\_  
Parent Name : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent Email : \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

Are there any Medical Conditions that the staff should be aware of?  
\_\_\_\_\_

**T-Shirt Size (Circle) :**  
YS    YM    YL    AS    AM

We/I give my permission for my child to participate in the 2017 Pecatonica Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp, its employees or Pecatonica CUSD #321 responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature: \_\_\_\_\_