

**CHIPPEWA FALLS HIGH SCHOOL
CARDINAL BOYS BASKETBALL CAMP
2024**

DATES: Monday-Wednesday, June 3-5, 2024

LOCATION: Chippewa Falls Middle School/Hillcrest

Session 1 - 1st-2nd Grade 8:00-9:00 AM (Hillcrest)

Session 2 - 3rd-4th Grade 9:30-10:30 AM (Middle School)

Session 3 - 5th-6th Grade 10:45-11:45 AM (Middle School)

Session 4 - 7th-8th Grade 12:00-1:00 PM (Middle School)

(Please note grades are as of Fall 2024)



CAMP GOAL: Our goal is to provide quality instruction of the fundamentals of basketball for grade school players. The emphasis of this camp will be to help the players improve their skills for next year and future years.

CAMP FEATURES:

- Chi-Hi Basketball T-Shirt
- Competitive Games
- Shooting Instruction
- Individual Workouts and Drills for Continued Development
- Contests
- Passing and Ball-Handling Drills
- Team and Individual Defense

REGISTRATION: Camp registration will be set at 25 players for each session to insure individual attention for all campers. Be sure to register early. **Registration deadline is Friday, May 17th, 2024.**

COST: Cost of the camp is \$40

Cut and return bottom portion along with registration fee

Name: _____ Grade (Fall '24) _____ Date of Birth: _____

Address/City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Email: _____ Emergency Contact: _____

T-Shirt Size (Circle One) Youth S M L Adult S M L XL XXL

PARENT/GUARDIAN: I do hereby release the Chippewa Falls High School and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the Chippewa Falls Basketball Camp. I hereby authorize the staff of the Chippewa Falls High School Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention.

Parent Signature: _____ **Date:** _____

Send check payable (Chi-Hi Boys Basketball) and registration to:

Jason Proue (Boys Basketball), 750 Tropicana Blvd., Chippewa Falls, WI 54729