



HOPEWELL-LOUDON HIGH SCHOOL CHIEFTAIN PRIDE BASKETBALL

Head Coach Roger Jury

181 N. County Road 7 P.O. Box 400 Bascom, OH 44809

Phone: (419) 937-2804 Athletic Fax: (419) 937-2914

2018 Basketball Camp

Parents:

Spring/Summer 2018

It's time to begin planning for summer. Future success of any program comes from quality work that is conducted during the off-season. One of the most important aspects of any high school program is its feeder system. Accordingly, our fourth annual boys' basketball camp will run from June 5 – June 7 at the high school in both gyms. Sessions will be as follows: (grade next year).

Grades 1- 7 ----- 8:30 - 11:30 AM (June 5-June 7)

Grades 8-12 ----- 12:00 – 2:30

(no charge - check your summer schedule for shooting, OG, lifting, etc. these days)

The cost of the camp is \$30 for grades 1-7. Registration forms are available at school or via coaches. Please return the registration and payment by either Friday, May 11th or by Monday, May 14th if possible to guarantee camp orders (t-shirts/etc.) are on time. Late registrations will be accepted on site but camp gifts may be late or unavailable.

Please pay by check or money order if possible. If you choose to pay by check and it is returned with NSF, there will be an additional \$25 charge. If you pay by money order or check, make it payable to Hopewell-Loudon Schools with a notation of "boys' basketball camp". Also, please be sure to select a shirt size, print the camper's name/grade next year and sign the medical waivers.

Coach Jury and members of the Chieftain Basketball Staff will conduct the camp. Present players and alumni may be available to assist. Athletes in upper grades will spend a portion of the camp practicing team concepts and fundamentals for summer league, possible shoot-outs, team camps, etc.

Final awards will be presented on Thursday at the conclusion of camp. I also hope to include a guest speaker.

Again, thanks for the support during this past season as well as choosing our camp for your son.

Yours in basketball,

Coach Jury

* I strongly recommend that players consider attending other fundamental camps, competition camps, etc. at various colleges. If you or your son are interested, please contact me as I have stacks of various brochures in my office; I would be glad to be of assistance.



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2018 Basketball Camp Waiver Form

WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I consent to the participation of _____ in the Hopewell-Loudon Boys' Basketball Camp. I understand that basketball is a vigorous, physically demanding sport and that accidents do happen and injury may occur. I authorize the staff of the Hopewell-Loudon Boys' Basketball Program to act according to their best judgment in any emergency requiring medical attention and I waive and release the program, Hopewell-Loudon Schools, and anyone connected with Chieftain Basketball from any and all liability for any injuries or illnesses incurred while participating in the program. I have no knowledge of any physical impairment that would be adversely affected by the above named student's participation in the program.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____

Grade of son (next year): _____

School (if other than H-L): _____

Shirt size (circle):

S M L
(Youth Sizes)

S M L XL
(Adult Sizes)

Parent: Home phone #: _____

Work phone #: _____

Cell phone #: _____

Payment: amount - _____ circle: cash money order check #

*** the early payment window to guarantee camp gifts (t-shirts, etc.) being on time is Friday, May 11th to Monday, May 14th

HOLD HARMLESS

HOPEWELL-LOUDON LOCAL SCHOOLS **Release a waiver of liability and medical authorization**

I, the undersigned, and my adult guardian, consent to participation in the stated activity below at Hopewell-Loudon Local Schools. We understand that this activity is a physical sport with contact and collisions. We understand that accidents and injuries do occur during the participation of this sport. We agree that the participant is responsible for his or her own safety. We hereby assume all risks associated with my attendance and participation in this activity.

We consent that we have no knowledge of any physical impairment that would interfere with participation in said event. We waive and release all of the following parties from liability if such an accident occurs: Hopewell-Loudon athletic programs, Hopewell-Loudon Board of Education and Administration, any and all Hopewell-Loudon staff members and students, and any other organization of persons involved in the process.

ACTIVITY: _____

PLEASE SIGN AND RETURN BY THE FIRST DAY OF PARTICIPATION

PLAYER'S SIGNATURE

PLAYER'S NAME

GUARDIAN'S SIGNATURE

DATE

SCHOOL NAME