

Hoops

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Age _____ Shirt Size: S M L XL (adult sizes)

Grade in September 2022 _____

(check session(s) attending)

June 27 – July 1 _____ July 25 – 29 _____

July 11 – 15 _____ Aug. 1 – 5 _____



REGISTRATION

- > Complete the registration form and return it with a **\$50.00** nonrefundable deposit.
- > The remaining \$100.00 can be paid at registration on the first day of camp.
- > **NO** confirmations will be sent out.
- > For more information contact:

Ron Insinger
570-337-0676

rinsinger@loyalsocklancers.org

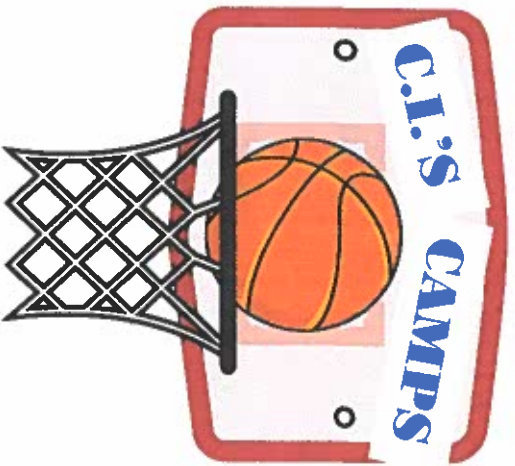
CHECK OUT THE WEB SITE FOR MORE INFORMATION:
www.cisbasketballcamps.com

Learn from the “BEST!”
CI has more wins than any other coach in PA history.

Send to:

Ron Insinger
1801 Loyalsock Drive
Williamsport, PA 17701

2022



BASKETBALL CAMP

June 27 – July 1session I

July 11 – 15session II

July 25 – 29session III

August 1 – 5session IV

Only \$150.00 per week

Loyalsock Middle & High School Gymnasiums
Director: Ron Insinger





TIMES

9:00 AM TO 3:00 PM

PLACE

LOYALSOCK MIDDLE &
HIGH SCHOOL GYMS

GRADES

K-12

CAMP COST

\$150.00

CAMP COST INCLUDES

CAMP T-SHIRT

TROPHIES AND AWARDS

30 hrs. of INSTRUCTION & GAMES

NOON HOUR BEVERAGE

SECONDARY HEALTH INSURANCE



CAMP DETAILS

Every phase of basketball is thoroughly covered to develop an **All-Around Basketball Player**. Campers will be grouped according to age and ability.

1 on 1

2 on 2

PASSING

DEFENSE

SHOOTING

FAST BREAK

BASIC SKILLS

BALL HANDLING

3 PT. SHOOTING CONTEST
KNOCK OUT COMPETITIONS
AND MORE

CAMP PHILOSOPHY

Each session is programmed for those who wish to attain their maximum level of development regardless of ability or experience

Individual attention is given to each camper at all sessions.

The camper is always first in the minds of the director and clinicians.

PARENTAL PERMISSION AND MEDICAL FORM

I request that you accept the application of my son/daughter for the 2022 camp at Loyalsock. I hereby release Loyalsock School District and the Ron Insinger (CI) Basketball Camp from all claims due to any injuries, medical, dental, or any other loss of personal property.

My son/daughter _____

is covered by a personal insurance policy, or is included in my program. I hereby authorize routine medical care for my child and I authorize treatment not considered routine to be referred to local physicians at my expense.

Signature of parent

Address

Emergency phone number (s)

