

Antioch Sequoit Basketball Summer Camp 2009 Boys/Girls 4th - 8th Grade

This camp is for any 4th -8th grade boy or girl.

Camp Dates and Fees:

The camp dates are Monday, June 22nd through Thursday, June 25th. Camp starts at 10:00 and will run until 3:30. The cost of the camp will be \$109 before June 11th, \$119 after June 11th, which will include lunch, t-shirt and awards for skill competition.

Camp Goals: At the Antioch Community High School Summer Basketball Camp, our goal of the camp is to help any boy or girl in grades 4-8 identify and develop the fundamental skills that young players need to be successful in competitive basketball. Emphasis will be on teaching fundamentals and helping young players understand the way the game should be played. Coaches from the ACHS boys and girls staff will challenge the campers to increase the skill level in a competitive and fun environment.

Your information:

To be returned

Name_____

Street_____

City_____ State_____ Zip_____

Home Phone_____ Age_____

Grade Entering in 2009-2010_____

Current School_____

Circle the Adult T-shirt size desired:

S M L XL

(Every effort will be made to match your request)

Please check any conditions that apply.

Known allergies_____ Asthma_____

Bee sting reaction_____

Medications_____

Camp Location: All sessions will be held at the Antioch Community High School.

Camp Registration: If you register before June 9th the fee is \$109. You can also register on Monday, June 22, the first day of camp. However the fee will be \$119. In all cases, a parent/guardian signature will be required on the waiver form (see below). **Make checks payable to ACHS.**

Camp Information: For more information, call Coach Tim Borries (847) 543-5816 or e-mail: tborries@sequoits.com or Coach Mike Skinner (847) 838-7643 or miskinner@sequoits.com.

All campers will receive a basketball T-shirt or similar item.

To be returned

I hereby request you to accept the application for

Enrollment of

in the Antioch Sequoit Boys/Girls Basketball Camp during the dates set forth in this application. I hereby release the District 117 Board of Education and its employees from all claims on account of any injuries which may be sustained by my child, and I agree to indemnify the Board of Education and its employees from any claim which may hereafter be presented to our child as a result of any injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

Parent/Guardian Signature_____

Date_____

Send registration and check to:

Antioch Community High School
Attn: Coach Tim Borries
1133 S. Main St.
Antioch, IL 60002