

PHILOSOPHY OF CAMP: The camp will stress individual and team skills designed to allow each camper to improve as a basketball player and as an athlete. Concentration will focus on individual fundamental skills and overall team play concepts. Competitive drills and contests will be incorporated.

LOCATION: Due to the installation of a **NEW WOOD FLOOR** playing surface our camp will need to be adjusted for this summer. Camp will be conducted in the West Fieldhouse for week 1 then at Central Middle School for weeks 2 and 3.

CAMP DIRECTORS: Waukesha West High School Varsity Coach David Schultz, Assistant Coach Todd Pyszora and other coaches from the West program will assist along with past and present players will be instructors.

Email dschultz@waukesha.k12.wi.us Phone (262) 970-4042

COST: \$65.00 for each camper for the entire camp, this is a one time fee with no refunds. If there are conflicts and some dates may be missed that is not a problem.

****MAKE CHECKS TO: WOLVERINE BASKETBALL****

TIME AND DATES

GRADES BASED ON **2013-2014** SCHOOL YEAR

| | |
|--|-------------------|
| 9 th - 12 th grade | 7:30am – 8:30am |
| 7 th - 8 th grade | 8:30am – 9:40am |
| 5 th - 6 th grade | 9:40am – 10:50am |
| 3 rd - 4 th grade | 10:50am – 12:00pm |

DATES OF THE CAMP ARE AS LISTED BELOW

AT WEST HS

Mon June 10 – Tues June 11 – Wed June 12 – Thur June 13

AT CENTRAL MIDDLE SCHOOL

Mon June 17 – Tues June 18 – Wed June 19 – Thur June 20

Mon June 24 – Tues June 25 – Wed June 26 – Thur June 27

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Telephone number () _____

Contact Email _____

Birthdate _____

2013-2014 Grade 3-4-5-6-7-8-9-10-11-12 circle one

School attended in 2012-2013 _____

PARENTS: Your signature here indicates your desire for your child to attend one of the above listed basketball programs. Any injuries, etc. that come as a result of your child's participation are either your or your insurance companies responsibility. Any behavior deemed to be of a negative impact on the program, camp or other participants will not be tolerated and will be dealt with accordingly. Thank you.

Parent Signature _____

Insurance Company _____

Camp/Daytime phone number _____

Emergency contact person _____

Emergency contact phone # _____

Adult T-Shirt Size:

Small _____

Medium _____

Large _____

XLarge _____

XXLarge _____

Send to: **West BBall Camp**
3301 Saylesville RD.
Waukesha, WI 53189

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**WAUKESHA
WEST
BASKETBALL**

2013

**SUMMER
BASKETBALL
CAMP**

**WAUKESHA
WEST
BASKETBALL**

2013

**SUMMER
BASKETBALL
CAMP**