

ALL-IN BASKETBALL CAMP 2015

Formerly Trojan Basketball Camp - Same Staff & Directors

For Boys & Girls Ages 7-15

Week 1: July 20th – 24th



Week 2: July 27th – July 31st

Time: 9:00 – 3:00 ~ In The Wissahickon High School Dome Gym

Phone: 610-574-6302 ~ Coach Kyle Wilson ~ Email: ALLINATHLETICSANDADVENTURES@gmail.com

As the summer is quickly approaching, the All-In Basketball Camp staff is excitedly anticipating another fun-filled camp experience.

Our goal, as always, is to provide an enjoyable competitive environment for youths throughout our community and surrounding areas.

In camp, we will work on individual skills and team skills. The campers will work on improving offensively through drills and competition that will make each camper a more effective player.

Defensively we will teach the youngsters the concepts of team help defense, and how to work against opponents of different size and ability levels.

Our goal is to see players leave camp with the knowledge of a variety of drills and activities that they can use on their own to consistently improve as basketball players.



All-In!



Make checks payable to: **All-In Athletics**

Mail to:

21 S. Spring Garden St.
Ambler, PA 19002

Cost: \$170.00 per week, per camper before June 1st

- **\$190.00 after June 1st (No Refunds)**

Discounts –

- *Two children from the same household = Deduct \$5 off the price for each child.*
- *Attending both weeks= Take 5\$ off the price for each week for the camper.*

We provide lunch (Juice, Pizza, & a snack), a camp basketball, a T-shirt, & awards.

(8:30 drop off Day 1)

CAMP REGISTRATION:-----

Last Name : _____ First: _____ MI: _____ Age _____

Grade in Sept. 2016 _____ (Cell) Phone # _____

Emergency Contact Phone #1 _____ #2 _____

Gender: **(M – F)** T-Shirt Size (Men's): S – M – L – XL (circle one) Email: _____

Parent Guardian Authorization:

I hereby approve of my child's attendance to the Trojan Basketball Camp and certify that he/she is in good health and able to participate in the camp program. I authorize that the director act for me according to his best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted during the physical exam. If I am not available, I authorize you to contact:

Physician: _____ Phone: _____

I recognize that insurance coverage on injuries received during the camp is the responsibility of the parent or guardian's insurance policy.

Signature: _____ Address: _____

Print Name: _____

Select Desired Weeks: Week #1 - July 20th–24th Week #2 - July 27th–July 31st Both Weeks