

Individual Camp Registration

Boys & Girls Entering 2nd – 5th Grade

(Must Completed by parent or guardian)

Campers Name _____

Address _____

State _____ Zip Code _____

Grade Level (2009-2010) _____ Age _____

Parents Name _____

Home Phone _____

Daytime Phone _____

E-Mail Address _____

Amount Enclosed _____

(\$50.00 per camper)

Make Checks Payable to :

MCC Boosters Inc.

Return this portion to the following address:

**McCook Community College
Attn: Brandon Lenhart/Men's Basketball
1205 East Third St
McCook, NE 69001**

T-Shirt Size: S _____ L _____
M _____ XL _____

All Players will receive an Individual Camp T-Shirt.

Please Register Prior to June 12th to ensure you a spot in this years camp

(Camp is Limited to 45 Campers)



**FOR MORE INFORMATION
CONTACT:**

Head Coach Brandon Lenhart
1205 East Third St
McCook, NE 69001

Phone: 308-345-8128
Cell: 641-660-9492
E-mail: lenhartb@mpcc.edu

**McCOOK COMMUNITY
COLLEGE**

**BOYS & GIRLS
INDIVIDUAL BASKETBALL
CAMP 2009**

JUNE 29TH-JULY1ST
BOYS & GIRLS
(ENTERING 2ND -5TH GRADE)

9:00 A.M.—12:00 P.M.

Presented By:

**The Men's Basketball
Coaching Staff & Players**





McCOOK COMMUNITY COLLEGE BOYS & GIRLS INDIVIDUAL CAMP 2009



Location:

The MCC Boys & Girls individual basketball camp will be held on the campus of McCook Community College, within True Hall Gymnasium.

Who Can Attend?

Boys and girls entering grades 2nd-5th grade. The campers are grouped according to age and grade for competition and instruction.

Camp Purpose:

The McCook Community College Men's Basketball Coaching Staff is committed to providing each camper with quality one-on-one instruction. We will teach fundamental skills related to basketball, education, and life. We will provide top notch instruction in an effort to help each camper develop as a student, player, and person.

Camp Staff:

The McCook Community college coaching staff and players will provide quality instruction and supervision of all campers.



Daily Schedule, Contests, Awards:

Each day the campers will be given instruction in the fundamentals of the game. Special emphasis is placed on passing, shooting, defense, rebounding, ball handling, and footwork. Also campers will compete for awards on a day to day basis, playing numerous games. The camp will begin at 9:00 a.m. and last until 12:00 p.m. Monday - Wednesday.

Camp Necessities:

Each camper must provide their own:

Gym shorts, T-shirt, Gym Shoes, towel, and water bottle.

Arrival & Departure:

Check in Time: 8:30 a.m. on Monday, June 29th, 2009 at True Hall Gymnasium. The opening camp meeting will begin at approximately 9:10 a.m.

Check out Time: The camp will begin each day at 9:00 a.m. Starting on Monday June 29th and conclude on Wednesday July 1st. The camp will conclude each day at 12:00 p.m.

Prices for Camp:

(\$50.00 per camper)

Each Camper will receive:

- 1 Individual Camp T-shirt
- Camp Certificate
- Quality Individual Instruction

Register by June 12th, 2009

Medical Information

Accident & Medical Insurance Company:

Policy #: _____

Policy Owner: _____

I certify that the individual named on this form is in good physical condition and is capable in taking part in all camp activities. I understand and accept that the risk of injury is possible while playing or practicing basketball. If medical attention is required, I understand that every possible attempt will be made to contact me at the phone numbers provided. If contact is not permissible, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I understand and assume all risks resulting in the participation in the McCook Community College Camps, and hereby release the McCook Community College Men's Basketball Coaching Staff and employees from claims on account of any injuries, which may be sustained by my son/daughter attending the camp. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

I hereby certify that I have read fully and understand this authorization:

Parent/Guardian Signature:

Date Signed: _____

Campers Allergic Reactions: _____

Medications currently taking: _____

Please list any past illness or other important information useful in the event medical treatment is necessary:

PLEASE

COMPLETE

BOTH SIDES OF THE APPLICATION