

# QUAKERTOWN BASKETBALL CAMP

June 19 - June 22, 2017

Boys entering 4<sup>th</sup> through 12<sup>th</sup> grades

**Director:** Kevin Keeler-Head Boys Basketball Coach Quakertown High School

**Camp Goals:** To develop competitive spirit, and athletic skill, as well as good sportsmanship through individual instruction and team competitions. The camp will emphasize the fundamentals of basketball and devote individual time and attention to all campers as well as provide expert instruction in the game itself. We hope you can join us this summer of 2017!

## DATES/TIMES:

- ◆ **Camp Runs**-Monday, June 19 to Thursday, June 22, 2017 from 9:30am to 3:00pm daily.
- ◆ **Registration**-Monday, June 19 at 9:00 to 9:20am in the Upper Gym Lobby.
- ◆ **Last Day**-Parents are invited to watch games held from 2:00 to 2:30pm. Camp ends at 2:30pm.

## FACILITIES:

- ◆ There are two Quakertown HS gyms available for stations, games, and also instructional lectures. Locker room facilities will be available.

## TUITION:

- ◆ Includes camp t-shirt, daily fruit drink, expert instruction, great facilities, games, lectures.
- ◆ Campers bring their own lunch.

## TYPICAL DAILY SCHEDULE:

9:20-9:30	Arrival/Open Shooting
9:30-10:00	Stretching/Warm-Up Drills
10:00-11:00	Drill Stations
11:00-11:20	Competition/Full Court Drills
11:20-12:00	Games
12:00-12:40	Lunch
12:40-1:00	Stretching/Warm-Up Drills
1:00-1:30	Competition/Full Court Drills
1:30-2:10	Games
2:10-2:55	Games
2:55-3:00	End of Day Closing Remarks

For Information or Questions Concerning  
**Quakertown Basketball  
Camp**

**E-mail:** QThoops@ptd.net  
**Call:** 610-965-5513

**\*\*\*Go to Sports Team Page and click on Boys Basketball on the High School Website for more Information\*\*\***

## REGISTRATION APPLICATION Mail with full payment by June 12th. Parent signature required. PLEASE PRINT.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE 2017-2018 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

T-SHIRT SIZE:(ADULT) S M L XL

TUITION: \$125.00

**MAKE CHECKS PAYABLE TO: Quakertown  
School District**

**MAIL TO:** 1014 North 7<sup>th</sup> Street, Emmaus, PA 18049

## MEDICAL RELEASE: QUAKERTOWN BASKETBALL CAMP

This is to certify that my son \_\_\_\_\_ has had a physical exam by a licensed physician with the last six months and is free from any and all illnesses and injuries which would inhibit any participation at camp. I hereby authorize the staff of the **Quakertown Basketball Camp** to act for me according to their best judgment in situations requiring first aid or medical attention. I release the **Quakertown Basketball Camp** from any and all liability for any injury or illness by my son while at camp.

**Parent or Guardian Signature/Date** \_\_\_\_\_ **Emergency Phone Number** \_\_\_\_\_

**\*WALK UPS ALSO WELCOME\***

**REFUND POLICY:** A tuition refund, less the \$60 administrative fee will be made for cancellations. Any camper who leaves camp due to illness or injury will receive a pro-rated credit.