

CRUSADERS BASKETBALL CAMP

Dates : (Circle One)

July 9-13, 2018

August 13-17, 2018

Location: Holy Cross C.S.S

Camp Hours : 9:00 am – 3:00 pm

Fee: \$200.00/wk

* Open to Boys & Girls in grades 3-8



CAMP HIGHLIGHTS

Skill Development

- Ball Handling
- Dribbling
- Shooting
- Passing
- Rebounding
- Cutting
- Footwork
- Pivoting
- Screens
- Triple-Threat
- Man-to-Man Offense
- Defense

The Fun Stuff

- Daily 5 on 5 Scrimmages
- 1-1,3-3 Tournaments
- Shooting Competitions
- Hustle Challenges
- 2 Ball Competitions
- Outdoor Basketball Court

The Crusaders Basketball Camp allows young athletes to benefit from the instruction of skilled college/university players and high school/college/university coaches, where they are taught skills and play games suited to their age and skill level. Whether your athlete is a beginner or an advanced player, Crusaders Basketball Camp will challenge them to improve their skills in a FUN learning environment.

CAMP DIRECTORS

- Kelly Dixon, Alfie DeMelo, Julie Roantree, Robin Dzierniejko, and Kelsi Ball

REGISTRATION INFORMATION

* Please mail or drop off cheque (payable to Holy Cross Athletics) and registration forms to the address below.

ADDRESS

Holy Cross Catholic Secondary School
1085 Woodbine Road
Kingston, ON
K7L 4V2

CONTACTS

Kelly Dixon
(613) 331-2177
hcseniorgirlsbball@gmail.com

Robin Dzierniejko
(613) 483 7472
dzierobi@alcdsb.on.ca

Player Name: _____

School: _____ Address: _____

Home Phone: (____) _____ Age: _____ Height: _____ Gender: M / F

Parent/Guardian Name: _____

Email: _____

Emergency Contact: _____ Phone #: (____) _____

Health Concerns: _____

T-Shirt Size: Circle the appropriate size **Adult:** small, medium, large **Youth:** small, medium, large

I do hereby certify that my child is in good health and may participate in all camp activities. I hereby waive and release the camp directors, coaches, assistants and volunteers from any and all liability for any injuries incurred while attending the camp. I authorize the coaching staff to act for me according to their best judgment in any emergency situation that would require medical attention.

Parent/Guardian Signature: _____