



**2017 DEFOREST GIRLS BASKETBALL
WINTER SHOOTING CAMP
At DEFOREST AREA MIDDLE SCHOOL
GRADES 3-8**



DETAILS FOR WINTER SHOOTING CAMP

Cost: FREE

Location: DeForest Area Middle School

Instruction/Coaching Provided By: DAHS Girls Basketball Coaches & Players

Dates: Wednesday, December 27

Times: 10:30am-12:00pm

** Participants will be divided based off skill and grade level, for age appropriate skill development and competition**

Program Goals and Instruction: All aspects of shooting will be covered in this camp, including footwork, mechanics, post play, off the dribble and screens, free throw and three-point shooting. This camp is great for all levels of players. The goals of all our leagues/camps are to help each athlete improve their basketball skills by providing solid fundamentals. Each camp will be staffed by the high school coaching staff, as well as current players.

- ★ Fundamentals of Shooting
- ★ Personalized Shooting Evaluations
- ★ Contests and Awards
- ★ Contact >> Coach Jerry Schwenn at jschwenn@deforestschoools.org or (608)332-1920, if you have any questions.
- ★ No confirmations will be sent out, please plan on attending at the scheduled time.

Mail Registration Form to: DeForest Girls Basketball; Attn: Jerry Schwenn; 815 Jefferson Street; DeForest, WI 53532

Athlete's Name: _____ **Grade :** _____

Parent/Guardian Name(s): _____ **Parent Cell. Phone:** _____

Address: _____

Parent/Guardian Email: _____

Medical Conditions / Allergies: _____

RELEASE & MEDICAL AUTHORIZATION

I approve of my child's attendance at the above basketball camp(s) and certify that she has had a physical examination, is in good health and is able to participate in all camp activities. If medical attention is required for illness or injury while attending league(s)/camp(s), I hereby give permission to the instructors of this camp to act on my behalf in assessing and providing medical attention. I hereby release DeForest Area School District and all employees of the Little Norskies Basketball from all claims resulting from injuries, which may be sustained by daughter. I understand that any athlete who does not abide by league rules and regulations is subject to dismissal without reimbursement or recourse. It is also my understanding that all athletes must have their own health and accidental insurance. By signing below, I certify that I have read and agree to the above statement.

Signature of Parent/Guardian: _____ **Date:** _____