

Summer of 2017

Little Falcons Basketball Camp

July 17th-20th, 2017 9:00am – Noon



Little Falcons Basketball Camp

At FIVAY HIGH SCHOOL GYMNASIUM

Contact Coach Williams – Boys Basketball Coach: bvwillia@pasco.k12.fl.us (727) 534-5496

When: Check in on July 17th: 8:00am-9:00am

Camp July 17th-20th: 9:00am-12:00pm

Where: Fivay High School Gymnasium

For Whom: Boys and Girls – Ages 10-16

How Much: \$60 for campers

Through drills, competitions, and games; the basketball camp will focus on helping campers develop the fundamental basketball skills needed to be successful at the middle school and high school levels.

Fundamentals We Will Focus On:

- * Ball Handling
- * Rebounding/Boxing Out
- * Free Throws
- * Shooting/Shooting Form
- * Passing
- * Layups/Post Moves
- * Defense

Awards Ceremony:

On the last day of the camp, Coach Williams will hold an awards ceremony for all campers. Participation Certificates as well as camp T-Shirts will be handed out to all campers. Individual awards will also be presented to campers who best exemplify the 7 fundamental skills we are focusing on.

Make Checks Payable to: Fivay High School

Send Payment to: Fivay High School Basketball Camp
c/o Coach Bryan Williams
12115 Chicago Ave.
Hudson, FL 34669

LITTLE FALCON BASKBALL CAMP



___ June 19th-22nd, 2017 9am- noon

___ July 17th-20th, 2017 9am- noon

MEDICAL RELEASE FORM

The undersigned parent or legal guardian stipulates that to the best of their knowledge and belief, the camper named below has no physical or mental problems that would restrict in any way his/ her participation in the 2017 Summer Basketball Camp at Fivay High School. The summer Camp personnel are authorized to act according to their best judgment in any emergency regarding medical attention.

Camper's Name: _____

School Attending: _____ Date _____

Signed: _____

Parent / Legal Guardian

Release: I hereby release and forever discharge any and all rights and claims for damages against Coach Bryan Williams and the Summer Basketball Camp at Fivay High School and any Fivay High school camp or staff member.

Date: _____

Camper's Name: _____ (print)

Parent's Name: _____ (print)

Address: _____ Phone: _____

City _____ Zip: _____

Parent's Signature _____

T-shirt size Youth: Small _____ Med. _____ Large _____ XL _____
Adult: Small _____ Med. _____ Large _____ XL _____