

CHESTER BASKETBALL LITTLE HOOPS CAMP



JULY 5 - 8, 2016

BOYS AND GIRLS
(CAMPERS WELCOME FROM ALL TOWNS)

GRADES 1 - 3

9:00 a.m. - 11:30 a.m.

BRAGG CAMPUS

COST: \$135 FOR ONE CAMPER, \$245 FOR 2 CAMPERS AND \$345 FOR 3 CAMPERS FROM THE SAME FAMILY.

Bring a snack!!

The Little Hoops Camp for Boys and Girls grades 1 - 3 is designed to introduce and develop the young player's fundamental skills. An emphasis is placed on the areas of dribbling, passing and conditioning. Players of all ability levels will be challenged while having fun at the same time. Lay-ups, shooting instruction and simple games will be played at baskets with the heights lowered to accommodate the younger age levels. Teamwork and enjoyment of the game is always stressed.

Jim Yankowicz – Camp Director for 20 years with 23 years of experience coaching boys and girls basketball teams. Head boys coach at BRMS for 8 years. Group III Champions 2015. Boys coach at Morris Knolls HS for 9 years and NJ Demons AAU U16 Girls coach for 2 years. Played at Colonia HS and Montclair State University. Currently teaching 8th grade math at BRMS for 26 years.

Daily Schedule:

9:00-9:20 Warm-up/Stretching
9:20-9:40 Ball Handling Instruction
9:40-10:00 Passing Instruction
10:00-10:15 Defense and Conditioning
10:15-10:30 Snack (bring your own)
10:30-10:55 Layups and Shooting Instruction
10:55-11:25 Games
11:25-11:30 Warm-down Activities

Waiver Statements/Medical Coverage

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or the guardian of the camper.

Name of Insurance Policy & Policy Number

Statement of Disclaimer

I/We, the undersigned hereby certify that I/We am/are the parents or legal guardians of the camper. I hereby seek during the period of the Camp appropriate medical attention for the camper and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all medical attention and treatment, except for that covered by the camp's excess medical policy.

Signature (Parent/Guardian) Date

2016 CHESTER BASKETBALL LITTLE HOOPS CAMP APPLICATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: ____ M or F Grade Completed: _____

Parent/Guardian: _____

Phone: H _____

Emergency Number: _____

Email Address: _____

Application and Payment will be accepted through the first day of camp but pre-registration is greatly appreciated.

Please make check payable to:

Jim Yankowicz

Return forms to:

Black River Middle School
Little Hoops Camp
c/o Jim Yankowicz
Rt. 513 – North Rd
Chester, NJ 07930