

ST. MARY'S SPRINGS LEDGERS
2019 (1ST – 3RD Grade) Boys Basketball Camp

CAMP DIRECTOR: MITCH REDIG, HEAD GIRLS' COACH

mredig@smsacademy.org / 920-960-1598

DATES: Monday, June 10th – Thursday, June 13th, 2019
8:30 – 9:30 AM (Baker Gym)
(Please note grades are as of Fall 2019)

PHILOSOPHY: We have designed Ledger Camp to meet the needs of players of all ability levels. Coach Redig and his staff will utilize years of coaching experience on the grade school and high school level to help each individual improve and also teach them how to continue to improve after camp. Also, past and present Ledger players will be used to demonstrate skills and share their experiences in basketball on the high school level.

CAMP GOAL: Our goal is to provide quality instruction of the fundamentals of basketball for grade school players. The emphasis of this camp will be to help the players improve their skills for next year and future years.

CAMP FEATURES:

Camp T-shirt	Competitive full and half court games
Chalk-talks by players and coaches	Shooting instruction
Passing and ball-handling drills	Contests and prizes
Team and individual defense	Individual workouts and drills

REGISTRATION: Camp registration will be set at 50 players for each session to insure individual attention for all campers. **Registration deadline is Friday, June 7, 2019.**

COST: Cost of the camp is \$30.

----- CUT AND RETURN BOTTOM PORTION -----

NAME _____ **HEIGHT:** _____

GRADE '19-'20 _____ **PARENT'S NAMES** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **WORK PHONE** _____

EMAIL: _____ **GRADE SCHOOL** _____

(Circle one) T-shirt size: **M L (Youth Size)** **SM M L XL (Adult sizes)**

Checks payable to: SMSA CAMPS Sent to: St. Mary's Springs Academy, Attn. Greg Hoffmann
255 County Road K
Fond du Lac, WI 54937

PARENT'S STATEMENT: In case of an accident or emergency, I hereby authorize the camp directors to act according to their best judgement in any emergency requiring medical attention. I accept full responsibility for liability and cost of treatment.

PARENT SIGNATURE _____ DATE _____