# **20**24Manheim Township Boys

# Basketball Camp

## Dates: Monday, July 8 – Thursday, July 11, 2024

Time: Session 1: **Rising 6th-9th** **Grade** 8:00 a.m.-10:30 a.m.

Doors Open by 7:30 a.m.

Session 2: **Rising 1st-5th Grade** 11:00a.m.-1:30 p.m.

Where: Manheim Twp High School Arena, off of Arena Ave

Cost: $80 for all campers

Checks payable to: Manheim Twp Basketball

Who: All boys entering grades 1st through 9th grade in August of 2024

[ONLINE REGISTRATION LINK](https://docs.google.com/forms/d/e/1FAIpQLScjuxNFQ7xeKZr5QFEZ-oWgus4bAA-9XROefCWWd26HwUOEzQ/viewform?usp=sf_link) or

Register: Please fill out the application and medical release and

**mail or return** to:

Manheim Township High School

℅ Coach Matt Johns

PO Box 5134

Lancaster, PA 17606-5134

**Camp Highlights**

* Daily Instruction from Blue Streak Coaching Staff, Varsity Boys Players and Alumni.
* Daily Focus on the fundamental skills of dribbling, passing, shooting, and teamwork.
* A Fun-Filled week for youth new to the game and for experienced young players.
* Games and competitions in 3 multiple age groups, daily 4 on 4 /5 on 5 games
* Each camper receives a camp T-shirt



Name Ht. Wt.

Address

street city state zip

Grade (Aug. 2021) Date of Birth

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: T-shirt size (adult sizes): S M L XL

(Youth size): M

Medical Release Form:

I understand that the Manheim Twp School District does not carry medical or accident insurance for campers and I hereby certify that is covered by an insurance policy and that the Manheim Twp School District nor the Manheim Twp Basketball camp employees will be held financially responsible for any injuries to the above named student. Further, I hereby authorize treatment to be referred to local physicians and medical facilities at my own expense.

Parent’s name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_