

# Tiger Basketball Camp

June 5-June 8, 2023 Grades 2-8[ Next School Year: 23-24 ]

## Schedule

9:00 Check-in

9:30-11:30 Skill Stations  
and Team Practice

11:30-12:00 Lunch

12:00-12:30 3v3 and special  
games

12:30-2:00 Games

\* Campers should bring  
their lunch.



**TO REGISTER:** Send registration forms to:  
Aaron Klopfenstein  
204 S Linden St.  
Jackson Center, OH.,  
drop off in office  
or email form to me  
a\_klopfenstein@jctigers.org

**PAYMENT:** Please make checks payable to Aaron Klopfenstein

**MORE INFORMATION:**  
Coach Klopfenstein  
H: 937-489-3647

**Camp Awards**  
**Team Champions**  
**Special Awards**



The Tiger Basketball Camp is designed for young basketball players to learn more about the game, improve their skills and have fun with their friends. The camp is **OPEN to ALL** who want to learn more about the game of basketball. Camp hours are from 9:00-2:00 each day **starting on June 5th and running thru June 8th**. The fee for the week is \$75.00 for an individual or \$110.00 for a family. Please contact Coach Klopfenstein if you have any concerns about making payment. Each camper will receive a camp t-shirt, a basketball and have the chance to earn additional awards. The camp staff will consist of the high school coaches, players and other qualified people. We know camp will be a great experience for all those that participate. Go Tigers!

**cut and return bottom portion with payment**

Name of Camper \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_ Age \_\_\_\_\_ Grade Level (2023-24) \_\_\_\_\_

## Consent to Participate:

I hereby consent to the above named individual attending Tiger Basketball Camp. I fully understand that injury is always a possibility in any athletic event. With this understanding, I release Jackson Center School District, its administrators, the Tiger Basketball Camp director and staff from any and all liability in the event of accident or injury to the above named participant. By my signature below, I warrant that my son or ward is in good physical condition, has no undisclosed medical problems, illnesses or handicaps, and is capable of full, active participation in Tiger Basketball Camp. I also represent that my son or ward has received a medical physical exam within the last year and is competent to participate in the activities of basketball camp. Lastly, in the event of an accident or illness, I authorize treatment.

(Parent or Guardian Signature) \_\_\_\_\_ Date \_\_\_\_\_

**T-SHIRT SIZE (YOUTH SIZES): S (6-8) M (10-12) L 14-16)**

**(ADULT SIZES): S M L XL**

**Please Return this form by June 2nd  
BUT we will still take registrations  
the morning of June 5th**

**PLEASE CIRCLE THE SIZE YOU WANT ORDERED.**

Mailing Address Line 1  
Mailing Address Line 2  
Mailing Address Line 3  
Mailing Address Line 4  
Mailing Address Line 5