

# Tiger Basketball Camp

June 3rd-June 6th, 2024 - Incoming 2nd-8th Graders (24-25 Year)

## Schedule

9:00 Check-in

9:15-11:30 Skill Stations  
and Individual Games

11:30-12:00 Lunch

12:00-12:30 3v3 games

12:30-2:00 5v5 games



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

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

**MORE INFORMATION:**  
a\_klopfenstein@jctigers.org

**Campers should  
bring their lunch.**

- **Who:** Camp is **OPEN to ALL** who want to learn more about the game of basketball, improve upon their skills, and have fun with their friends.
- **When:** Camp hours are from 9:00-2:00 each day starting on June 3rd and running thru June 6th.
- **Cost:** The fee for the week is **\$75.00** for an individual or **\$110.00** for a family.
  - Please contact Coach Klopfenstein if you have concerns about making payment.
- **Extras:** Each camper will receive a camp t-shirt, a drawstring shoe bag, and have the chance to earn additional awards.
- **Supervision:** The camp staff will consist of our 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 \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Age \_\_\_\_\_ Grade Level (2024-25) \_\_\_\_\_

## **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 May 29th  
BUT we will still take registrations  
the morning of June 3rd**

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