

**STEUBENVILLE BIG RED *BOY’S* BASKETBALL CAMP**

**Monday June 7th – Wednesday June 9th**

**Boys Entering Grades 4th – 8th**

 **Date:** Monday June 7th thru Wednesday June 9th

 **Time:** 9:00am – Noon

 **Fee:** ***$25 prior to May 28th ($30 after May 28th* ) /** **Checks Payable**: **SHS Athletics**

 **Place:** Steubenville High School

**INCLUDES: CAMP SHIRT & BASKETBALL**

Students will be instructed in fundamental skills, defensive, and offensive philosophies. Students will be instructed by the coaching staff of Steubenville High School, former athletes, and current players. Camp will be sponsored by Coach Mike Haney - Basketball Coach at SHS. Campers will be supervised at all times. They will not be permitted to leave the school area at any time. Campers will be expected to abide by camp rules and regulations. If you have any questions regarding the Big Red Boys Basketball Camp, you can contact Coach Mike Haney at (740) 317-0210 (cell) or (740) 282-9741 (school) or mhaney@rollred.org (email). **Students must Logan Entrance to enter the school.**

Cut off the application below and send to:

Steubenville High School

Attn: Coach Mike Haney

420 North 4th Street

Steubenville, Ohio 43952

STEUBENVILLE BIG RED BOY’S BASKETBALL CAMP APPLICATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE (**NEXT YR.**.)\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE**: **YOUTH:** S M L **ADULT:** S M L XL XXL (Please circle)

Where can the parents be reached:

MOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In case of accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the Physician indicated below and to follow his/her instructions. If it is impossible to contact the Physician, the school may make any necessary arrangements.

PHYSICIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent and approval for my daughter to participate in the Steubenville Big Red Basketball camp. I certify that he is physically fit to take part in camp activities.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_