

# Bishop Kelly High School

## 8th Annual High School Basketball Camp

**EMPHASIS ON FUNDAMENTALS**

**Man-to-man Defense, Rebounding, Passing, Dribbling, Shooting**

# May 31<sup>st</sup> – June 30<sup>th</sup>, 2011

Join the Bishop Kelly boy's basketball coaching staff and former players in a camp emphasizing the fundamentals of offense and defense. The players will receive individual evaluations of their play along with guidelines and suggestions for their continued improvement. In order to maximize individual attention, the camp will limit participants on a first-come, first-served basis. Players who attend will be eligible for weekend tournaments during the month of June. Coaches reserve the right to determine which team each player will play with each weekend.

### High School Mini-Camp

Incoming Bishop Kelly Freshmen are encouraged to sign up for the high school mini-camp. The mini-camp will occur Tuesday & Thursday evenings 6:00-9:00 May 25<sup>th</sup> – June 29<sup>th</sup>. For more information email coach Crump at [lcrump@bk.org](mailto:lcrump@bk.org). Schedule and dates are posted on the BK website (boys' basketball page).

### Bishop Kelly Basketball Camp Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_ CURRENT SCHOOL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

Circle a size

SHIRT SIZE (mens): **XS S M L XL XXL**

**MAIL APPLICATION and CAMP FEE TO:**  
**\$100 Before June 1 or \$125 After June 1**  
**Larry Crump**  
**Bishop Kelly Boys Basketball Camp**  
**7009 Franklin Road**  
**Boise, ID 83709-0998**

I hereby authorize the directors of the Bishop Kelly Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Bishop Kelly Basketball Camp and Bishop Kelly High School from all liability. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp. I have read the rules and regulations of the camp and both the camper and I agree to abide by them.

Parent/Guardian Signature: \_\_\_\_\_

My student is covered by: \_\_\_\_\_

\_\_\_\_\_  
(Insurance Company/Policy Number)