



**NEASE**



**BASKETBALL CAMP**

Week 1: May 30th-June 2nd

Week 2: June 5th-8th

Week 3: June 12th- June 15th

Rising 4th- 8th Grade Boys & Girls 9AM-12PM

Rising 9th-12th Boys Grade 12PM-2PM



Cost: 125.00 per weekly session

Registration on the Back!

**Facilities:** Nease High school has an air conditioned gym and consists of 6 glass backboards and a divider that can separate the playing area into 2 courts. Access to state of the art training equipment including shooting machine. Campers will have access to a classroom above the gym to store personal articles.

**Registration:** All campers must fill out the attached form and return it with a \$125.00 camp fee. All checks should be made to Nease Basketball.

**Camp Highlights:** Drills & Skills, Hot shot competition, Full court Tournament play, T-shirts, Prizes, and more!

**Purpose & Objectives:** Preparing young student athletes to be positive leaders on and off the court. The purpose of the camp is to provide each individual camper quality fundamental skill instruction. Passing , dribbling, shooting, as well as team concepts for the middle school and high school level will be emphasized.

Campers must bring: Basketball shoes, shorts, t-shirt, water bottle, and any other necessary personal items. Money for the camp store is recommended ( pizza, hot dogs, snacks, Gatorade, water)

## Registration Form

Please fill out both sides completely and return to:

Nease High School Basketball Camp

10550 Ray Road Ponte Vedra, FL

32081

Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Age \_\_\_\_\_ Grade (17/18 School yr.) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Camp fee: 125.00 must accompany registration form: Checks payable to: Nease Basketball**

For further information please call:

Josh Bailen: 904-477-3716

*I fully understand that the Nease basketball camp or Nease High School is not responsible for any pre-existing injury or recurrence of undisclosed illness/injuries sustained prior to camp, And will not be responsible for injuries/illness occurring while participating under camp supervision. I grant my child permission to participate in Nease basketball camp.*

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

Date \_\_\_\_\_