

PROVIDENCE PIONEERS



Boys Basketball Camp

JUNE 25th - 28th

- 9am - 12pm Boys Entering Grades 2 - 5
- 1pm - 4pm Boys Entering Grades 6 - 9

Camp will be held at Providence High School



CAMP PROGRAM

The Providence Pioneers Basketball Camp is a quality program designed exclusively for players who will be entering grades 2-9. With an atmosphere of fun and enjoyment, the camp will stress the development of individual skills. Also, the campers will be grouped by age for skill competitions and competitive games. ALL CAMPERS ARE ASKED TO BRING THEIR OWN BASKETBALL.

CAMP DIRECTOR

Sean Smith – Varsity Basketball Coach

Coach Smith has 15 years of coaching experience including 12 seasons as a Varsity Head Coach. Coach Smith has led previous teams to 3 Sectional Championships, 1 Regional title and 2 Mid-Southern Conference Championships during his career. In addition, coach has run numerous school camps as well as worked Advantage Basketball Camps and Dick Baumgartner's Shooting Camps in the past.

INDIVIDUAL ATTENTION

Each camper will receive individual attention from the camp director and other coaches who will be assisting at the camp.

There will also be skill competitions for prizes that will be held on the final day of each session.

COST

The cost per session is **\$75**

Note: Please send your registration slip in advance to secure a spot. **Please DO NOT send check payments in advance.**

Checks payable to "Providence Boys Basketball"

Send registration slips only to : Providence High School
C/O Sean Smith
707 Providence Way
Clarksville, IN 47129

REGISTRATION SLIP

Name: _____ Entering Grade (Fall 2018) _____

Address: _____ City: _____ ZIP _____

Phone: _____ Current School: _____

Shirt size - YM YL S M L XL

PLEASE READ AND SIGN THE FOLLOWING STATEMENT: I hereby authorize my son to participate in the Providence Pioneers Basketball Camp and waive and release the school and the camp coaches from all liability for injuries and illnesses that might occur while participating in the camp. In addition, I certify that my child is in good health and is able to participate in all program activities. In the event of an emergency requiring medical attention, I shall be responsible for the costs involved.

Signature of the Parent or Guardian _____ Date: _____