



CAPISTRANO COMMUNITY EDUCATION

BOYS - INCOMING FRESHMAN SUMMER BASKETBALL CAMP

Who: Incoming 9th Grade Freshman to Aliso Niguel High School

What: Basketball Skills and Weight Training Camp, Summer League and Tournaments.

PARENT MEETING!! TUESDAY, JUNE 2ND @ 6PM – RM. 402 - ALISO NIGUEL H.S.

- Freshman introductory workouts will be held: Friday, June 19th (2-4pm) and Saturday, June 20th (10-11:30pm) at Aliso Niguel High School. Players will be placed onto one of the three summer freshman teams. All players will participate in at least one tournament and some may participate in league games.
- All players will participate in weight training introductions, inter-squad scrimmages and basketball skills development.
- Players who choose not to participate in the summer camp will receive a refund (\$50.00 non refundable) paid within 10 days of the tryouts.
- To receive refund, players must apply by the first full day of practice.
- Due to the fact that the summer tournaments start immediately, teams will be announced Saturday, June 20th after workouts.
- All camp participants will receive **Aliso Niguel basketball practice gear.** Gear will be handed out Saturday after workouts.
- Participation in this camp is not a prerequisite for participation on school teams and does not guarantee a position on the school teams. Official tryouts for the ANHS basketball team will be in the middle of September. (Dates will be announced during the 1st week of school)

Team Summer Placements: Friday, June 19th / Time: 2-4pm

Saturday, June 20th / Time: 10-11:30pm

* Every Player will make one of the three Aliso Summer Basketball teams. No cuts!

SUMMER CAMP BEGINS: Monday, June 23rd

Camp dates: June 22nd – July 15th

Camp Times: Monday, Tuesday and Wednesday: 10:30pm – 12:30pm

(Note: First week of camp – June 22nd & 23rd – Camp will be from 2:30-4:00)

(Team work, Basketball skills / development, weight training)

Cost: \$225 = (\$175 camp fee + \$50 practice gear) - ANHS basketball jersey and shorts

Location: Aliso Niguel High School Gym

Athlete's Name: _____ Age: _____

Athlete's Height: _____ Weight: _____ Middle School _____

Short size: S M L XL XXL / Jersey: S M L XL XXL

Parent/Guardian Name (s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Player Cell Phone: _____ Mom Cell Phone: _____
Dad Cell Phone: _____

Family (Home) Email: _____

Emergency Contact (Other than parent/guardian): _____ Phone: _____

Please note any medical conditions we should be aware of or allergies: _____

Medical Insurance

Carrier _____ Policy# _____ Group# _____

Emergency Authorization: I give permission to the medical personnel selected by the camp director to order X-rays, routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form.

I hereby waive and release the basketball camp and Keith Barnett from any and all liability for any injuries or illnesses incurred while the camper is participating in any sport activity associated with the basketball teaching including weight training, stretching, drills, and games. I will be responsible for any medical or other charges in connection with my son's attendance. I know of no mental or physical problems that may affect my child's ability to safely participate in this program.

This is not a CUSD event! This flyer was not printed at district expense. Participation in these activities is not a prerequisite for participation in a school-sponsored activity. Participation does not guarantee a position on the school teams. Liability insurance will be provided for each participant.

Signature of parent or guardian: _____ Date: _____

Please make checks payable to: **Keith Barnett**
Send checks to: **Keith Barnett**
23 Ashburton
Laguna Niguel, Ca. 92677