



2009 Summer Basketball Camp

“HIGH FLYER”

Boys & Girls

Camp Director

*****Keith Barnett*****

Head Basketball Coach – Aliso Niguel High School

Head Coach – 2005 CIF Champions - Aliso Niguel Wolverines

2005 – 1A Coach of the Year

Session 1: All day camp

Who: Boys / Girls – Ages 7 – 14 (**Grades: 1st – 8th**)

Dates: Monday, June 22nd – Friday, June 26th

Times: 9am - 2pm

Location: Aliso Niguel High School Gym

Cost: \$195-

(\$25- discount for each additional family member)

Late registration: \$225- (After June 15th)

Check here if attending: _____

Session 2: BOYS Skills camp

Who: Boys – Ages – 9 - 15

Dates: Monday, July 6 – Thursday, 9th

Times: 9am – 11:30

Location: Aliso Niguel School Gym

Cost: \$110-

Camp overview: Offensive skill work

(No meal plan for this camp!!!)

Check here if attending: _____

Payment information (Session 1 & or Session 2 ONLY):

Check payable to: **Keith Barnett**

Mail to: Keith Barnett, 23 Ashburton Pl., Laguna Niguel, Ca. 92677

ALL DAY Camp Highlights

- Camp Basketball T-shirt & basketball for every player
- Skill development / Competitive Games
- 1 on 1 competition / Free throw competition
- Lot's of fun and prizes / Snack Bar (Drinks, snacks, etc.)
- Qualified professional basketball staff

MEAL PLAN -For “ALL DAY” camp ONLY!

(Check the box if you intend to eat on our meal plan that day)

(\$ 6.00 per day)

MON. – Pizza, chips, drink (____)

TUE. – Hot dog, chips, drink (____)

WED. – Inn N out Burger, chips, drink (____) / Cheese _____

THUR. – Hot dog, chips, drink (____)

FRI. – Pizza, chips, drink (____)

- Total days your child intends to eat through the meal plan? _____ / Money enclosed for meal plan: _____

Session 3: GIRLS skills camp

Contact / Email: Girls Varsity Basketball Coach: **KURT WESTLING** @ kjwestling@capousd.org or 636-2660

Who: Girls -- Ages: 7 – 15 / **Dates:** Monday, June 29th – Thursday, July 2nd

Cost: \$110- / **Times:** 12:30 - 2:30 pm / **Location:** ANHS Gym / **Mail to:** 26911 Goya, MV, Ca. 92691

Campers Name: _____ Age: ____ Gender: ____ Grade in fall: _____

Campers Height: _____ Weight: _____ Current School: _____

T-shirt size (Circle one): Youth - S M L / Adult - S M L XL XXL

Parent (s) Name: _____ Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

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

Medical Insurance Carrier: _____ Policy # _____ Group # _____

I/We hereby waive, release and hold harmless the Capistrano Unified School District, Keith Barnett, and "High Flyer" Basketball for any and all liability for any injuries or damage that he/she may receive or cause as a result from activities during the above mentioned camp. I/We assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our family health plan.

Cancellation Policy: \$50 of the registration fee in nonrefundable. Cancellation must be made by June 19, 2009 in order to receive the remaining \$ refund.

Signature of Parent / Guardian: _____ **Date:** _____

Boys Divisions:

7-8 – Central Division

9-11 – Mid-West Division

12-14 – Pacific Division

Girls Divisions:

7-10 – Eastern Division

11-14 – Atlantic Division

- Please indicate **ONLY** if you would like your child to be moved up a Division.

Age of child: _____ Division to be moved up to: _____

- Due to the number of players we cannot guarantee that you will be on a team with **all** of your friends, however, if you would like to request being put on a team with **ONE** friend, we will make every effort to accommodate your request. Please list the name (of friend) and division requested below.

Name: _____ / **Division:** _____

For further information or registration: Go to **ahsboysbasketball.com** or email Keith Barnett @ **Kwbarnett@capousd.org**

This is not a CUSD sponsored event! This flyer was not printed at district expense.