



CAPISTRANO COMMUNITY EDUCATION

WWW.CAPOUSD.ORG/ADULT

2010 Summer Basketball Camp

“HIGH FLYER”

Boys & Girls

Camp Director

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

Head Basketball Coach – Aliso Niguel High School

All Day Camp:

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

Dates: Monday, June 28th – Friday, July 2nd / **Times:** 9am – 2pm / **Location:** Aliso Niguel High School Gym

Total Camp Cost: \$205 - (Two checks – See below)

Camp fee: \$125- (Check payable to CUSD)

Materials fee: \$80- (Check payable to **Keith Barnett**) – Questions: Email @ kwbarnett@capousd.org
(Materials fee: T-shirts, camp basketballs, nets, equipment, etc.)

Send Checks to: **Keith Barnett, 23 Ashburton, Laguna Niguel, Ca. 92677**

Athlete’s Name: _____ Age: _____ Grade in fall: _____

Athlete’s Height: _____ Weight: _____ Email: _____

T- Shirt size (circle): Youth: S M L Adult: S M L XL XXL / Current school: _____

****ALL DAY Camp Highlights****

- Camp Basketball T-shirt & basketball for every player
- Skill development / Competitive Games
- 1 on 1 competition / Free throw competition
- Qualified professional basketball staff

- 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: _____ **Age:** _____

MEAL PLAN - (Note: **Add** meal plan money to **materials fee check**)

(\$ 6.00 per day)

MON. – Pizza (2 slices), chips, drink (____)

TUE. – Hot dog, chips, granola bar, drink (____)

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

THUR. – Hot dog, chips, granola bar, drink (____)

FRI. – Pizza (2 slices), chips, drink (____)

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

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 Name: _____ Email: _____

Address (w/ city +zip): _____

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 is nonrefundable. Cancellation must be made by June 28, 2010 in order to receive the remaining \$ refund.

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

Boys Divisions:
7-8 – Central Division

Girls Divisions:
7-10 – Eastern Division

9-11 – Mid-West Division

11-14 – Atlantic Division

12-14 – Pacific 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 anhsboysbasketball.com or email Keith Barnett @ Kwbarnett@capousd.org