

# 12<sup>th</sup> Annual Natick Girls' Basketball Camp



June 25<sup>th</sup> – June 29<sup>th</sup>  
at Wilson Middle School Gym

9:00am – 3:00pm: Girls entering grades 3<sup>rd</sup> – 9<sup>th</sup>  
Cost: \$250.00 per camper (\$260 at the door)

Come and work with the players and coaches of the **2017 – 2018 Herget Champs!** Campers will receive individual skills instruction, compete in skills competitions, and participate in 3 on 3 and 5 on 5 game situations. Heavy emphasis will be placed on enjoying and learning the game of basketball, improving individual skills, and learning to enjoy and appreciate controlled, competitive game situations. Instruction on fundamentals will be a cornerstone each day. All campers will receive a Natick basketball t-shirt!

**Girls Director: Dan Hinnenkamp: Natick High School Varsity Coach**  
Contact number: 617-256-8552  
Email: [dhinnenkamp@natickps.org](mailto:dhinnenkamp@natickps.org)

Staff: Coach Gifford, Coach Buschenfeldt, Coach Wilson, an Athletic Trainer and NHS Players

**Natick High School Basketball Summer Camp 2018**  
**Registration Form** *(please print)*

Participant's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (print clearly) \_\_\_\_\_

Current School \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Best Phone Number \_\_\_\_\_

**Emergency information**

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat CAMPER \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand in an emergency, whenever possible, an attempt will be made to communicate with me prior to the use of this permission.

Insurance company \_\_\_\_\_

Number \_\_\_\_\_

Signature \_\_\_\_\_

**List any medications that will be taken during the camp, and/or allergies:** \_\_\_\_\_

***Each athlete must include (with the registration form) a recent physical and immunizations. Athletes may not participate without these documents.***

I hereby pledge for myself, my heirs, executors, or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns, or officials for all injuries suffered by my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If attending fewer than 5 days, the cost will be \$50 for the full day. Please write down which days your daughter will be attending:

\_\_\_\_\_

**Please make checks payable to: Bay State Basketball, Inc**  
mail to: Natick High School  
Att: Dan Hinnenkamp  
15 West Street  
Natick, MA 01760