

# Basketball Camp

26<sup>th</sup> Annual Occidental College - 2014

Rush Gymnasium  
1600 Campus Road  
Los Angeles, CA 90041

*Camp will focus on individual instruction in the following areas:*

- ⇒ **Ballhandling and dribble moves**
- ⇒ **Shooting fundamentals**
- ⇒ **Passing and receiving – moving without the ball**
- ⇒ **Rebounding - positioning and technique**
- ⇒ **Individual and team defensive concepts**
- ⇒ **Individual and team offensive concepts**

**\*\*\*Features and Advantages\*\*\*:**

- ⇒ Limited enrollment to Guarantee individual attention to each camper
- ⇒ A positive learning environment emphasizing basketball fundamentals
- ⇒ Small group offensive and defensive fundamental stations each day
- ⇒ A ratio of one coach to each eight campers
- ⇒ Outstanding coaching staff
- ⇒ New outdoor court for extra shooting drills
- ⇒ FREE camp tee shirt
- ⇒ FREE camp basketball
- ⇒ Basketball fundamentals tip sheet
- ⇒ Three on three tournaments
- ⇒ Full court games



**When:**

**Sessions I-II-III**

**Boys/Girls 7-12 year olds**

**1:15 - 5:15 pm**

**SESSION I - June 16 - 20**

**SESSION II - July 14 - July 18**

**SESSION III - July 21 - 25**

**Sessions IV and V**

**Boys/Girls 9-15 year olds**

**1:15-5:15 pm**

**SESSION IV - July 28 - Aug. 1**

**SESSION V - Aug. 4 - Aug. 8**

**Cost:**

\$190.00 per week and

Multiple Session Discount: 10% discount

Sibling Discount: 1st child = full price, 2nd child = 10% discount

# ENROLLMENT FORM - 2014

## 26th Annual Occidental College Basketball Camp

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parents' Cell or Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ (please print clearly – I will add you to our mailing li

Your child's grade level in school (Fall - 2014) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### PLEASE SIGN ME UP FOR:

Session I \_\_\_\_\_ Session II \_\_\_\_\_ Session III \_\_\_\_\_ Session IV \_\_\_\_\_ Session V \_\_\_\_\_

June 16 – June 20    July 14 – 18    July 21 – July 25    July 28 – Aug. 1    Aug. 4-8

Enclosed check/cash for \$ \_\_\_\_\_ (Payable to: **Tiger Basketball Camps**)

## Medical Waiver

I hereby register my child in the Tiger Basketball Camps. I know of no mental or physical problems that may affect his/her ability to safely participate in these camps. I authorize the clinic staff to attend to any health problem or injury my child may incur while participating in the camp. I hereby release and hold harmless Occidental College and its employees from any and all liability that may arise out of my child's participation in the clinics. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

My child is covered by:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Known allergies or medical conditions: \_\_\_\_\_

*Please make checks payable to:*

**TIGER BASKETBALL CAMPS**

Your returned check will be your receipt.

**Director: BRIAN NEWHALL**  
**Head Basketball Coach \ Occidental College**  
**Email: [bnewhall@oxy.edu](mailto:bnewhall@oxy.edu)**  
**(323) 259-2690**

*Please return to:*

**Brian Newhall**  
**Occidental College Athletics**  
**1600 Campus Road**  
**Los Angeles, CA 90041**

**LIMITED ENROLLMENT**  
**SIGN UP EARLY!!!**