

GIRLS Summer Basketball Camp

Who: 2009 -2010 Aliso Niguel Players

Where: Aliso Niguel High School - Gym

When: Monday, June 22nd – Thursday, July 23rd

Times: Monday through Thursday:

Week 1 – (6/22-6/25) 2:30 – 4:30pm

Weeks 2-5 – (6/29-7/23) 1:30 – 3:30pm

Cost: \$200

- **Incoming freshmen will have an evaluation practice on Friday, June 20th from 1:00 – 3:00 in the main gym.**
- **Practice gear will be distributive this day.**

Players will participate in the summer tournament and league games. Varsity will be in a Monday and Wednesday summer league at Costa Mesa High. Also, we will be in a couple of weekend tournaments.

All players will participate in all weight training introductions, intra-squad scrimmages and basketball skills development. Also, core and plyometric conditioning will be introduced.

All camp participants will wear their Aliso Niguel basketball practice gear.

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 for all newcomers.

The official winter teams will be determined after fall tryouts.

(Dates will be announced during the 1st week of school)

For addition information please email:

kjwestling@capousd.org

PLEASE FILL OUT COMPLETELY AND SEND TO Kurt Westling.

Athlete's Name: _____ **Age:** _____

Basketball Experience: _____

Athlete's Height: _____

Parent/Guardian Name (s): _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Player's Cell Phone:** _____

Mom's Cell Phone: _____ **Dad's 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 Kurt Westling 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:** _____

Mail Payment/Check payable to: Kurt Westling
26911 Goya Circle
Mission Viejo, CA 92691