Join us for a week focusing on fundamentals, competitions, and awards.

**Camp Activities**

**Fundamentals:** Ball handling, passing, footwork, shooting instruction, agility, defense/offensive skill work and much more!

**Competitions:** Fast Break League, Hot Shot, 3 on 3, 1 on 1, x-outs, etc.

**Awards:** Camper of the Day, 100% Award, Most Improved, Best Defense, etc.

**Camp Registration and Contact Info.**

Pre-registration is $100 **(must be postmarked by June 8)**

Day of camp registration is $115. Camp fee includes a t-shirt.

H.S. Camp will include college coaches and players.

**Grades 3-6: 9:00-11:30 A.M. each day.**

**Grades 7-12: 1:00-4:00 P.M. each day.**

Contact: hergenriderr@billingsschools.org for more info.

Please make checks payable to:

**Heights Chix Basketball**

c/o Robbyn Hergenrider

3133 E. CopperRidge Loop

Billings, MT 59106

Please complete and send to the address listed above to pre-register or bring the day of camp.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Next Year: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Shirt Size: S\_\_\_\_\_\_ M\_\_\_\_\_\_ L\_\_\_\_\_\_ XL\_\_\_\_\_\_ Youth L\_\_\_\_\_\_\_

I understand by the nature of this activity there is a possibility of an accident and assume the risk and responsibility while attending camp. I, as a parent/guardian of a minor student, permit emergency care to be administered to my child as deemed necessary by the camp coaches. I will allow the involved hospital and/or doctor to administer the required treatment of the emergency condition. I also understand that all the incurred costs are my personal responsibility and School District #2 does not have insurance coverage for injuries related to sport camp participants.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_