

Camp Application:

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____

Home Phone: _____

I will enter grade ____ next fall. Age: _____

Height: ____ Weight: ____

Shirt Size: (Adult) _Sm _ Med _ Lg _ XL

(Youth) _Sm _ Med _ Lg _ XL

Please fill out the insurance information below; each

Camper must provide proper accident coverage.

Name of Insurance Co.: _____

Policy #: _____ Group #: _____

Daytime Emergency Name & Phone Number:

Name: _____ Number: _____

Pre-Registration: Mail Application & Payment to:

**Coach Joe Utter
Grant County High School
715 Warsaw Rd.
Dry Ridge, Ky. 41035**

**Make Checks Payable to:
Joe Utter GCElite Fundamental Skills Camp**

R
E
M
O
V
E

T
H
I
S

P
O
R
T
I
O
N

A
N
D

R
E
T
U
R
N

*"Practice Hard and With
a Purpose."*

ATTITUDE

*Attitude reflects who you are
when it really matters"*

*"Very Few People Really
Know How Capable They
Are Because They Have
Never Extended
Themselves"*

Joe Utter GC-ELITE
Fundamental Skills
Basketball Camp

BRAVES BASKETBALL



On The ATTACK

Boys currently in grades K-8th

For the 2015-2016 school year



May 24, 25 & 26 9am-12pm
Kindergarten thru 4th Grade

May 24, 25, 26
1pm-4pm
5th grade thru 8th grade

Grant County High School Gymnasium

Camp Director: Joe Utter
Head Boys Basketball Coach



SHOOTING

- PROPER TECHNIQUE
- PROPER HAND PLACEMENT
- WEAK HAND
- ELBOW POSITION



LAYUPS

- RIGHT HAND & LEFT HAND
- PROPER FOOTWORK



BALL HANDLING

- CIRCLE BALL HANDLING
- DRIBBLE MOVES
- FULL COURT BALL HANDLING



PASSING

- CHEST PASSING
- BOUNCE PASSING
- OVERHEAD PASSING



DEFENSE

- PROPER DEFENSIVE STANCE
- REBOUNDING

WHAT TO BRING:

- GYM SHOES
- ATHLETIC SHORTS & T-SHIRT
- ENTHUSIASM , POSITIVE ATTITUDE, & EXCITEMENT TO LEARN THE GAME!

CAMPERS WILL RECEIVE:

- STRONG EMPHASIS ON THE FUNDAMENTALS OF THE GAME.
- SHOOTING & BALL HANDLING INSTRUCTIONS.
- CAMP T-Shirt

CAMPERS:

- BOYS OR GIRLS
- CURRENT GRADES K—8th

COST:

- PRE-REGISTRATION— \$50.00
- REGISTRATION DAY OF—\$55.00
**PLEASE ARRIVE EARLY IF YOU HAVE NOT PRE-REGISTERED TO COMPLETE PAPERWORK.

RELEASE OF LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT:

I, the undersigned parent (or legal guardian) of a minor child under 18 years of age, consent to my child participating in the “Shawn West Fundamental and Skills Basketball Camp” and understand that my child will be engaging in physical activity during the camp which contains an inherent risk of injury. I represent that my child is in good physical condition and is able to participate fully in camp activities. I understand the risk involved and hereby release the Joe Utter GCElite Fundamental Skills Camp and its employees, including specifically all persons employed and hired by the Camp Director to conduct the camp, from any and all liability for personal injury or property damage arising out of my child’s participation in the camp. I hereby grant permission for my child to attend the camp and to be treated by a licensed physician in the event of an injury, illness, and/or other mishap, or to be transported to a medical facility for treatment.

Parent or Guardian Signature:

Date: _____