

**SOMERS RECREATION PRESENTS**  
**SWISH SCHOOL OF BASKETBALL**

SUMMER BASKETBALL CAMP

*For boys and girls entering 2nd – 9th grade*

**Monday, June 27th – Friday, July 1st**

**Grades 6–9: 9am-12 \$125: at Somers High School Gym**

**Grades 2-5: 12:30-2:30 \$90: at Somers Elementary School Gym**

**Out of town \$140 or \$105 ~ Includes Swish Camp t-shirt**

\*Please include Medical History Form – found on somerset.gov site

**Director: John Hostetler, Varsity Basketball Coach at SHS**

**Licensed to coach by the State of CT. CPR and 1<sup>st</sup> Aid certified**

Emphasis will be placed on learning individual offensive and defensive skills, such as shooting technique, footwork, dribbling and ball handling skills. Each day all campers will participate in a team game, through which they will further develop their understanding of basketball tactics and teamwork.

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GRADE ENTERING:** \_\_\_\_\_ **SHIRT SIZE:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DESIGNATED PICK UP PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAMILY DR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LIST ANY SPECIAL MEDICAL INFO:** \_\_\_\_\_

*I give my child permission to attend the Swish School of Basketball and to receive medical treatment @ the nearest hospital in case of emergency. I have completed and submitted the required camp medical history form.*

\_\_\_\_\_  
Signature parent/guardian Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_\_\_

*\*Up to 5 business days prior to the start of camp, a full refund will be given less a \$15 processing fee.*

