

Holy Cross Girls Basketball Camp

“This camp will teach the fundamentals of basketball along with teamwork and sportsmanship.”—Holy Cross Head Coach Shannon Minor

INFORMATION

- **When:** June 8th – June 11th (Monday-Thursday)
- **Where:** Holy Cross School Gymnasium
- **Who:** Entering 3rd – 9th Grade (9:00 am-12:00 pm)
- **Cost:** **\$60.00** Payment of camp may be payable by **cash or check**. Send to: **Holy Cross High School 3617 Church Street Covington, Ky. 41015. Attn: Girls Basketball Camp.** Camp payment must be made at the time of registration.
- **Food/Drinks:** Concession stand will be available to purchase food and drinks
- **Questions:** Call = (859) 431-1335; Email = shannon.minor@hchscov.com

CAMP STAFF

Coach Shannon Minor (Camp Director), Assistant Coaches and Holy Cross High School Players

ACTIVITIES

- **Offensive Fundamentals**- (1) Proper Shooting Technique (2) Passing (3) Dribbling (4) Ball Handling (5) Rebounding (6) Shooting Drills
- **Defensive Fundamentals**- (1) Proper Stance/Slides (2) See Both Man/Ball (3) Boxing-Out/Rebounding (4) Communication (5) Positioning on the Court
- **Contests**- (1) Free Throws (2) 3-Pointers (3) Hot Shot (4) 3 on 3 Games (5) 1 on 1 Games (6) Knock-Out (7) F-Town Challenge Workout
- **5 on 5 Games**- Will be coached by coaches and players
- **Guest Speakers** – College coaches and basketball players from area colleges
- Each camper will receive a **camp t-shirt**
- **Prizes** will be awarded for contest winners

-----***** RELEASE *****-----

I agree to hold Shannon Minor, Holy Cross High School and its employees harmless and to waive the right to bring legal action against Shannon Minor, Holy Cross High School and its employees for any injuries sustained during the course of this Basketball Camp.

Students are encouraged to carry their own accident and/or medical insurance. Coaches and instructors involved in the Basketball Camp held at Holy Cross High School are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize the coaching staffs to administer First Aid and/or medical treatment. The named participant has had a medical examination within the last twelve months and is capable of participating in the Basketball Camp.

The agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Camper's Name: _____ **Entering Grade:** _____

School: _____ **T-Shirt Size: (Adult)** _____

Parent or Guardian's Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

Emergency Name: _____ **Phone:** _____

*** Return this form by May 29th to receive the t-shirt size of your choice.**