

2017 CY-FAIR BOBCATS BASKETBALL CAMP

DATE: June 12-15, 2017

TIMES: 8:00am - 12:00pm

COST: \$60.00 (no personal checks)

***LOCATION:** Hamilton Middle School Gymnasiums

FOR: Incoming 6th, 7th, 8th, and 9th graders only

EQUIPMENT NEEDED: Basketball shoes and attire

CAMP DIRECTOR: Chad Suleimanji-Head Boys Basketball Coach

The 2017 Cy-Fair Boys Basketball Camp will be geared towards players entering the 6th, 7th, 8th, and 9th grades next year. The camp will focus on the basic skills and fundamentals of basketball. This will be a great opportunity to compete, have fun, and become a better all-around player. For incoming freshmen this camp will serve as a great introduction to Cy-Fair Basketball as well as getting a head start into what is expected at Cy-Fair.

AREAS OF INSTRUCTION

Shooting Form
Ball Handling
Passing
Rebounding
Defensive Footwork
Man to Man Defense
Team Play

CAMP FEATURES

Individual Station Work
Various Shooting & Skills Contest
Free Throw Contests
3 on 3 Competition
5 on 5 Competition
Camp Awards
Dri-Fit Basketball Shirt

Important things to note

- All participants must have a copy of a current UIL Physical Form on file
- Cash or Money Order payable to Cy-Fair High School
- **NO PERSONAL CHECKS WILL BE ACCEPTED**
- **Please fill out the information below and return to Coach Suleimanji**
- You may drop off or mail to:
 - Cy-Fair High School, Attn: Chad Suleimanji, 22602 Hempstead Hwy. Cypress, TX 77429
- **Early registration is highly recommended and greatly appreciated. Please note registration at the door will be accepted with cash or money order payments only. Registration at the door will not guarantee a T-shirt.**
- If you have any questions email chad.suleimanji@cfisd.net or call (832) 647-2994
- ***LOCATION:** Hamilton Middle School Gymnasiums

(Please detach section and return with payment)

2017 Cy-Fair Bobcats Basketball Camp

***LOCATION:** Hamilton Middle School Gymnasiums

Student Information

Student Name: _____ 2017-2018 Grade Level: _____ Middle School: _____

Adult T-Shirt Size: S M L XL

Address: _____ City, Zip: _____

Parent/Guardian Consent

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurances coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

Parent/Guardian Name _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent Email: _____

Emergency Contact Name: _____ Home Phone: _____ Cell Phone: _____

Signature: _____

Date: _____