2017 Girls Basketball Summer Camps

Camp Director: Ian Progin, Head Girls Varsity Basketball Coach

***This summer I will be offering 2 weeks of Girls Basketball Camps. On a weekly basis each camper will:**

- **Receive instruction from the Hillsborough High School Girls Basketball Coaching Staff, as well as both current and former Varsity Basketball Players.**
- **Develop solid practice habits through involvement in daily "station work"**
- **Enjoy daily live game play, 2 games per day.**
- **Participate in various competitions & daily contests**
- **Receive a Camp T-Shirt**
- **HAVE FUN!!!!**

CAMPER REGISTRATION FORM

Player Name: _____ Player Grade in Sept. of 2017: _____

Phone Number: _____ Home Address: _____

City: _____ State: _____ Zip:_____

Email Address: _____ Emergency Contact : _____

Emergency Contact's Phone Number: _____

***Please list any allergies or medical conditions that we need to be aware of:_____**

_____

***Choose your session below by placing an X in front of the week. *Cost $175.00 for 1 week, $275.00 for both weeks.**

Session 1: Girls Fundamental Skills Basketball Camp: Grades 4th through 9th in September 2017.

_____ Monday July 17 - Thursday July 20, 9:00 AM – 3:00 PM

@ Hillsborough High School. Cost per camper $175.00

Session 2: Girls Fundamental Skills Basketball Camp: Grades 4th through 9th in September 2017.

_____ Monday July 24 - Thursday July 27, 9:00 AM – 3:00 PM

@ Hillsborough High School. Cost per camper $175.00

(*Please mail this registration form to Ian Progin, 28 First Street, Flagtown, NJ 08821 and Make checks payable to Progin Basketball, LLC) For more information please contact Ian Progin at iprogin@htps.us

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Player Waiver Form

I parent/legal guardian of _____ give my permission to allow my son/daughter to participate in this program. I understand the risk of potential injury due to sports and recreation activities and will not hold Progin Basketball, LLC or any of its employees or officials liable in a claim. I also state that my child does not have any physical limitation or mental illness that would preclude them from participating in this program. I knowing and fully assume all responsibilities to the fullest extent permitted by law. I fully understand the terms and conditions of this waiver release of liability and sign it freely and voluntarily.

Name of Parent/Guardian: _____ Signature: _____

Date: _____

As parent/legal guardian of _____ a minor, give consent for any emergency medical care for illness, to preserve life, loss of limb or wellbeing of my child.

Name of Parent/Guardian: _____ Signature: _____

Date: _____

****Please return this form along with registration form and payment to**

Ian Progin, 28 First Street, Flagtown, NJ 08821