

# 2019 HATCHET HOOPS BASKETBALL CAMP

Open to ALL Players, Girls and Boys

Directed by Tomahawk Hatchet Hoops Youth Coaches

<b>Skills Camp</b>	<b>Entering Grades 3-8</b>	<b>16 Sessions</b>	<b>\$30.00</b>
<p>We will focus on skill development around the Read and React offense system. Attendance is not required for every session. \$30.00 gives access to all 16 Skills Camp Sessions on Tuesdays and Thursdays in July and August, starting 7/9/19 and ending 8/29/19. Tuesdays times are 5-6pm and Thursdays are 8:30-9:30am. All sessions are at Tomahawk School Gyms. No Sessions August 12-16 due to gym floor resurfacing.</p>			

<b>Virtual Group</b>	<b>Entering Grades 3-8</b>	<b>1500 Club</b>	<b>\$30.00</b>
<p>Can't make the skills camp or want to do more? Keep track of your shots and dribbling at home! There will be an email invitation sent with a google sheet to track jump shots, lay-ups, free throws, and minutes dribbled.</p>			

Make check payable to Tomahawk Backers  
 Send to: Hatchet Hoops, 414 Esker Heights Drive, Tomahawk WI, 54487  
 PHONE: (715)966-2251, EMAIL: [hatchethoops@gmail.com](mailto:hatchethoops@gmail.com)  
 Tear along this line and return with payment



Please select all events camper will participate in by checking the line below.		Total amount enclosed: \$ _____
<input type="checkbox"/> Skills Camp	<input type="checkbox"/> Virtual Group	
Name: _____	<b>RELEASE OF ALL CLAIMS AND CONSENT TO MEDICAL TREATMENT</b>  I, as a parent or guardian of the Tomahawk Basketball participant, authorize her/him to take part in Tomahawk Skills Development Sessions. I will be responsible for her/his health insurance in case there is an injury. I also authorize any emergency exam, x-ray, medical or surgical treatment deemed necessary by a licensed physician or hospital. I understand that there is a certain risk involved with training activities and we will not hold the coaches, staff, backers club, or school district responsible for accidents or injuries.  Guardian Signature _____ Date: _____	
Grade for 2019-2020: _____		
Parents Name: _____		
Address: _____		
City: _____ Zip: _____		
Cell: _____		
Email: _____		