

HUNTINGDON COLLEGE 2017 BOYS AND GIRLS BASKETBALL CAMP



WHEN

**June 12 - 15 (9 AM – 4 PM) &
July 31 – Aug 3 (9 AM – 4 PM)**

**Early drop off options available*

WHERE

**Huntingdon College
1500 E Fairview Ave
Montgomery, AL 36106**

June 12 - 15 – Wilson Gym (next to the football field)
July 31 - Aug 3 – Roland Dixon Arena (next to the
tennis courts)

FOR MORE INFO PLEASE CONTACT

Caleb Kimbrough

Office: 334-833-4399 Cell: 336-451-6737

ckimbrough@hawks.huntingdon.edu

Ben Strong

Office: 334-833-4346 Cell: 919-914-3626

bstrong@hawks.huntingdon.edu

**GIRLS AND BOYS
AGES 6-17
ARE WELCOME**

COST

**\$185 per camper
\$165 each for siblings**

INCLUDES

- Free T-Shirt
- Lunch
- Instruction from current college players
- Instruction from college coaches
- Work on the fundamentals of basketball

GOALS/FEATURES

Shooting

Ball Handling

Footwork/Balance

Attitude

Team Offense & Defense

Fun & Competitive Skill Games

Knockout

FT Contest

Fun & Competitive 5 on 5

Improved Basketball Ability

Better Understanding of the Game

Get to know Huntingdon College

and the Men's Basketball Family

CAMP REGISTRATION FORM
HUNTINGDON COLLEGE
2017 Boys and Girls Basketball Camp

CAMPER INFO

NAME: _____

PHONE #: _____

ADDRESS: _____

INSURANCE CO: _____

POLICY #: _____

SESSION

_____ **Session I (June 12-15)**

_____ **Session II (July 31 – Aug 3)**

T-SHIRT SIZE

ADULT

CHILD

_____ **S**

_____ **S**

_____ **M**

_____ **M**

_____ **L**

_____ **L**

_____ **XL**

_____ **XXL**

I verify that my child is able to participate physically and otherwise in the Huntingdon Basketball Camp. I hereby authorize the directors of the Huntingdon Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I also agree to assume all medical costs in the event of injury. I hereby release Huntingdon College Basketball Camp, its employees, and agents from any liabilities for loss of personal property, sickness, and injury from whatever sources, legal entanglement, death, loss of money, etc. for which the camp is not culpable, which might occur while participating in the sport camp.

PARENT/GUARDIAN'S NAME: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

EMERGENCY CONTACT: _____ PHONE #: _____

Please send this application and a non-refundable \$30.00 deposit OR full payment to the address below. Full payment will be due at check-in. All checks should be made payable to:

Huntingdon College Men's Basketball

Please complete form and mail with payment to:

Caleb Kimbrough

1500 E Fairview Ave

Montgomery, AL 36106