



Summer Hoops Camp 2017

9 a.m. – 2:00 p.m.

Session I **Girls**

3-day clinic
July 5th – 7th

Session II **Boys**

5-day camp
July 10th – 14th

Boys and Girls
Entering 3rd – 8th grade
(Fall of 2017)



ST. PAUL'S
First Lutheran
Church, School,
Preschool

www.stpaulsfirst.org

Our Camp

St. Paul's First Lutheran School of North Hollywood is once again excited to offer our annual Summer Hoops Camp. A fun experience for young basketball players is our promise to all participants.

The camp is designed to teach, develop and refine the necessary skills for the game of basketball.

St. Paul's Summer Hoops Camp also administers to the player as a child of God. Our daily devotion will use God's word to encourage the young athletes who attend our camp.

Each participant will receive quality instruction and guidance on a daily basis from experienced, enthusiastic and encouraging coaches. One-on-one instruction is a goal for all coaches.

I look forward to seeing you at camp!

Mr. Al Mindock

Hoops Camp Director
Athletic Director and Junior High
Basketball coach, St. Paul's.



Camp Goals

The primary goals of camp:

- Continue to develop a Christian attitude of sportsmanship/team
- Teach the fundamentals of basketball
- Enhance mental and physical strength
- Teach individual and team concepts of the game
- Help each player grow in their understanding of the game

Cost: Session I:

\$40.00

Cost: Session II:

\$80.00

Camp Highlights

- Camp T-Shirt
- Camp Basketball
- 1-on-1, 3-on-3 tournaments
- Shooting Contests
- Ball Handling Skills Contest
- 5-Star Competition
- Daily/Weekly Awards
- Individual Player Evaluation
- Shooting Video Analysis
- Snack Bar

ELIGIBILITY/COST: Any boy or girl entering Grades 3-8 in the FALL of 2017 is eligible to attend. The cost of camp for **Session I-GIRLS** is \$40.00. The cost of camp for **Session II-BOYS** is \$80.00.

REGISTRATION: Please send the application (be sure to sign waiver and release) along with the payment to: **St. Paul's**
 11330 McCormick St.
 North Hollywood, CA 91601

Checks are payable to:
"ST. PAUL'S - HOOPS CAMP"

DAILY CAMP SCHEDULE

- 8:45 a.m.....Gym Open/Check-In
- 9:00 a.m.....Warm-up and conditioning
- 9:30 a.m.....Daily Fundamental
- 9:45 a.m.....Fundamental Station Work
- 10:30 a.m.....AM Break / Devotion
- 10:45 a.m.....Skill Competition
- *12:00 noon..... Lunch
- 12:35 p.m.....Free Throws
- 1:00 p.m.....Team Games
- 1:45 p.m.....Daily Review / Awards
- 2:00 p.m.....Depart

Parents and family are invited to attend the Friday afternoon "Team Games Tournament" and Awards Presentation.



*A snack bar will operate each day. Refrigeration will not be available for lunches.

Any Questions?
Call: 818.763.2892
Email: stpaulsnh8@hotmail.com

ST. PAUL'S BASKETBALL CAMP APPLICATION

Name: _____ boy / girl

Address: _____

City: _____ Zip Code: _____

Phone #: _____ - _____ - _____ Emergency#: _____ - _____ - _____

Parents' Email Address:
 (please write neatly; this will be the means of contact)

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Age: _____

Grade Level (fall '17): _____

Session I-Girls
July 5-7
\$40.00

Section II-Boys
July 10-14
\$80.00

-----Waiver and Release-----

Name of Participant: _____

In consideration of my child being permitted to participate in the St. Paul's Summer Hoops Basketball Camp, I, intending to be legally bound, do hereby for myself, my personal representative, heirs, and next of kin, release, waive, and forever discharge, and covenant not to sue St. Paul's Church and Schools, St. Paul's staff, or any of their employees, instructors, volunteers, agents and others who are involved in this activity, from all liability and for all loss or damage and any claim of damage, on account of injury to my child or property whether caused by negligence or otherwise while participating in St. Paul's Summer Hoops Camp.

I hereby state that my child is physically and mentally able to participate in the above referenced activity and has no health problems that would present risk in participating in this activity.

I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified medical personnel to render necessary emergency medical care for my child.

I do hereby give authority to St. Paul's Summer Hoops Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: ____ / ____ / ____