



2018 Shooting Basketball Camp

GREAT SHOOTERS ARE MADE, NOT BORN

- Learn how great shooters think, shoot, and practice.
- Designed to help players discover a shooter's mindset, develop sound shooting techniques, and build a training plan to become a deadly shooter.
- Players will also benefit from learning the specific shots all great scorers need in their toolbox.
- Camp with consists of fundamental skill work focusing on shot pocket, balance and footwork.
- Daily shooting competitions and timed drills.

<p>Who: 3rd -4th Grade Boys/Girls 5th-6th Grade Boys/Girls 7th-8th Grade Boys/Girls</p> <p><u>When:</u> July 30th, 31st, Aug. 1st (3 day camp)</p> <p>Where: Laurel Ridge and Edy Ridge</p> <p>Cost: \$60 (pay online through Paypal or make checks out to Sherwood Boys Basketball)</p> <p>Multiple Kids Attending? (\$5 off each camper's registration)</p> <p>Link for online payment HERE</p> <p>Coaches: Clinic will be run by Sherwood High School</p>	<p>Times: 3th-4th 9:00-11:30AM @ Edy Ridge 5th- 6th 9:00-11:30AM @ Laurel Ridge 7th-8th 12:00-2:30 @ Laurel Ridge</p> <p><u>Registration:</u> Fill out this form and mail to: Sherwood Boys Basketball 23085 SW Saunders Dr. Sherwood, OR 97140</p> <p>or Register at the door</p> <p>Or Fill out this google form: Click HERE</p> <p>Questions?</p>	<p>Player Name: _____</p> <p>Parent/Guardian: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Grade: _____</p> <p>Tee Shirt Size _____</p>
---	---	---

coaching staff along with current Varsity/JV/Frosh players.	Contact Coach Tufts Rahim.tufts@gmail.com 503-830-2147	
---	---	--

<p>I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.</p>	<p>I/we consent to the disclosure, by my child's/ward's school, to Sherwood School District, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's school.</p>
<p>I/we hereby give consent for child/ward to participate in the following interscholastic and club sports all related summer camps and clinics: Sherwood Bowmen Basketball Camps</p> <p>Signature _____</p>	<p>With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes.</p>

Bowmen Basketball Camps Waiver