



JULY 30-31ST, 2018

9AM-4PM, \$85 (CAMPER MUST BRING LUNCH)

**UWL MEN'S
BASKETBALL
OFFENSIVE
SKILLS/SHOOTING
CAMP**

Camp Description:

This camp will focus on shooting fundamentals including proper footwork and shot mechanics. Due to the setup of camp attention will individual instruction rather than team competition. In addition, movement without the basketball and ways to react to get yourself open will be demonstrated. How to become a better scorer by using screens and creating your shot will be taught. Every campers will have their shot videotaped and gone over in a classroom setting!

Grades 3rd – 12th

**Shot Technique,
Footwork, 1-1
scoring moves, off
ball movement
and Much More**

Includes Camp

T-Shirt

Check In: 8:30 AM

**Location: Mitchell
Hall**

MITCHELL HALL

1820 Pine St, La Crosse, WI

Contact: Kent Dernbach
kdernbach@uwlax.edu

Register at:

<http://www.uwlcamps.com/>



2018 Men's Basketball Offensive Skills/Shooting Camp

July 30-31st, 2018

Registration Form

Please print clearly. We cannot process incomplete registration. All information must be provided.

Participants Full Name: _____

Grade (fall of 2018): _____

T-Shirt Size (circle): YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Grade (fall of 2018): _____

T-Shirt Size (circle): YS YM YL YXL S M L XL

ADDRESS: _____

EMERGENCY CONTACT: _____ Cell Phone: _____

EMAIL (necessary for confirmation & camp communication): _____

SPECIAL ACCOMODATIONS FOR PARTICIPANT(S): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: UW-La Crosse

Return form to:

UW-La Crosse Athletic Camps &
Clinics 25A Mitchell Hall
1725 State St.
La Crosse, WI 54601

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form, I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

PARENT/GARDIAN SIGNATURE: _____ DATE: _____