

# FULL PACKAGE ATHLETICS

## BACK TO SCHOOL BASKETBALL CAMP @ The Basketball Warehouse (Northbrook)

FOR 3RD-8TH GRADE BOYS AND GIRLS (PLAYERS WILL BE DIVIDED BY AGE, GENDER AND SKILL LEVEL)

NEED TO REFINE YOUR GAME BEFORE SCHOOL BEGINS? DON'T WORRY. FULL PACKAGE ATHLETICS' **BACK TO SCHOOL BASKETBALL** PROGRAM WILL HELP YOU GET REENERGIZED AND REFOCUSED FOR THE UPCOMING SEASON WITH ITS HIGH-LEVEL AND PROGRESSIVE TRAINING. THIS **COMPREHENSIVE 20-HOUR PROGRAM** WILL PUT PLAYERS IN A COMPETITIVE BASKETBALL ENVIRONMENT SO THEY CAN MAXIMIZE THEIR SKILLS.

ALL SKILLS WILL BE COVERED, INCLUDING:

- SHOOTING OFF THE CATCH •SHOOTING OFF THE DRIBBLE •BALL-HANDLING •PLAYING THROUGH CONTACT
- DEFENSE •GAME-DEVELOPMENT •READING DEFENSES •REBOUNDING AND MORE.
- THE BACK TO SCHOOL BASKETBALL CAMP WILL ALSO FEATURE FULL COURT GAMES AS WELL AS DAILY CONTESTS AND PRIZES.

- WHEN:** MONDAY, AUGUST 16TH-FRIDAY, AUGUST 20TH FROM 9:00AM-1:00PM
- FEE** (INCLUDES T-SHIRT AND CHANCE TO WIN PRIZES): \$225 FOR 5 DAYS OR \$50 A DAY
- LOCATION:** THE BASKETBALL WAREHOUSE (600 WAUKEGAN ROAD, UNIT 5, NORTHBROOK, IL 60062)
- WHO:** 3RD-8TH GRADE BOYS AND GIRLS (PLAYERS WILL BE DIVIDED BY AGE, GENDER AND SKILL LEVEL)

*\* EACH ATHLETE IS TO PLEASE BRING THEIR OWN BASKETBALL TO CAMP  
\*EACH ATHLETE NEEDS TO PLEASE BRING A LUNCH*

CAMPER'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

EMAIL : \_\_\_\_\_ HAVE YOU DONE A FPA PROGRAM IN THE PAST? YES NO

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Allergies/Medications/Health Concerns, Etc.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby authorize Full Package Athletics and the Basketball Warehouse to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify Full Package Athletics and the Basketball Warehouse of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during or while leaving any program.  
Please list any health or medical problems of registrant. \_\_\_\_\_

\*WAIVER SIGNATURE (must be signed to participate) \_\_\_\_\_

\*Please make checks payable to Full Package Boys Basketball: 600 Waukegan Rd, Suite A/Unit 5, Northbrook, IL 60062

### CREDIT CARD

PLEASE CIRCLE CREDIT CARD TYPE: VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

NAME ON CARD: \_\_\_\_\_ CREDIT CARD# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

PHONE NUMBER: 847.205.9966 // FAX: 847.205.9977

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