

2024 Cedarburg Boys Youth Basketball Camps



When: 5 Sessions throughout the summer

1. June 17-20 (Grades 3-5 from 1:30-2:45; Grades 6-8 from 2:45-4:00)
2. June 24-27 (Grades 3-5 from 1:30-2:45; Grades 6-8 from 2:45-4:00)
3. July 8-11 (Grades 3-5 from 1:30-2:45; Grades 6-8 from 2:45-4:00)
4. July 15-18 (Grades 3-5 from 1:30-2:45; Grades 6-8 from 2:45-4:00)
5. July 22-25 (Grades 3-5 from 1:30-2:45; Grades 6-8 from 2:45-4:00) (30 Player Capacity; Vintage Gym)

Where: Cedarburg High School Field House

Who: Boys entering grades 3, 4, 5, 6, 7, and 8

Instruction: Shooting form, attacking/finishing, ball handling, passing, defensive/rebounding technique, game-speed drills, offensive and defensive strategy.

Instructors: CHS Boys Coaching Staff and CHS Varsity Basketball Players

Cost: \$100 per player, per session (Make checks payable to: Nick Mueller); Registration due: June 7th

Send cash or check to: Cedarburg High School
Attn: Nick Mueller
W68N611 Evergreen Blvd.
Cedarburg, WI 53012

Questions: Contact Coach Mueller (nmueller@cedarburg.k12.wi.us)

Follow us on Twitter [@CedarburgHoops](https://twitter.com/CedarburgHoops) for updates

Please fill out the registration information below and return with payment by June 7th

Player's Name: _____ Entering Grade: _____ Session(s) registering for: _____

Shirt Size (Circle one): Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone #: _____ Secondary #: _____

Parent/guardian does hereby freely, voluntarily, and without duress executes this Release under the following terms:

I recognize and acknowledge that there are certain risks of physical injury to participants in extra-curricular activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against the Cedarburg School District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "District").

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.

Please PRINT Student's Name: _____

Parent/Guardian Signature: _____ *Date:* _____