

# ***Hamilton Chargers***

## **Offensive Skills Camp**

### **2015**

The Hamilton Boys Basketball Coaches are offering an ***"Offensive Skills Camp"*** for boys in the Hamilton District. This camp is for boys entering grades 4-8. Only 40 campers will be allowed into each session in order to give personal attention to each player's shot.

This is an extremely intense and physically demanding offensive camp designed for the **serious** basketball player. It is our goal to make sure that every player improves their offensive skills while at camp and once camp is over, each player will have experienced the intensity and hard work it takes to truly become a better basketball player.

There will be 2 sessions offered. Each session will last three days. Each camper will receive a t-shirt.

The cost of camp is **\$75.00**. Please make checks payable to: **Charger Basketball**. Please indicate below, which session your son would like to participate in. This is a first paid, first served basis. The first **36** campers to send in their registration and check will be enrolled for their indicated session. You will be notified and your check will be returned to you if the session you signed up for is full. ***Your cancelled check is your confirmation.***

If you have further questions, contact Coach Cerroni at 414-217-9715.

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|----------------------|--------------------|---|--------------------------------|
| ___ <b>SESSION 1</b> | <b>1:00 – 3:00</b> | <b>June 23– June 25</b><br>(Tues, Wed, Thurs) | <b>Templeton Middle School</b> |
| ___ <b>SESSION 2</b> | <b>1:00 – 3:00</b> | <b>June 30 – July 2</b><br>(Tues, Wed, Thurs) | <b>Templeton Middle School</b> |

I give my son \_\_\_\_\_, grade\_\_\_\_, permission to participate in the "Hamilton Offensive Skills Camp" which is a service provided by Charger Basketball. I do not hold the program, the school, or the staff liable while my child is participating in this program. I acknowledge that at camp, my child will participate in a sport that may involve physical contact with other persons or objects, including the floor, which could result in injury. I acknowledge that I must have adequate health insurance to cover any injury while involved in this program. This program is separate from Hamilton Hoops Basketball.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Grade (13-14 school year) \_\_\_\_\_

School Name: \_\_\_\_\_

Send to: **Andy Cerroni, Hamilton HS**  
**W220 N6151 Town Line Road**  
**Sussex, WI 53089**