**Next**  **Level Hoops Summer Co-ed Instructional Basketball Camp: Grades 4-8**

**Fee:** $109 by August 1st. $125 after. Pay by check or pay online at: [**www.nextlevelhoops.org**](http://www.nextlevelhoops.org)**.** \*Price includes Next Level Hoops gym sack bag.\*

**Program:** Boys, girls,grades 4-8. This is a fantastic opportunity to improve overall skills and fundamentals. Shooting, footwork, basketball IQ, 1 on 1 moves, ball-handling and defense are some areas that will be covered. Basketball is a game of two and three person plays so players will play a lot of 2 on 2 and 3 on 3. Our camps are heavy on detail and instruction and low on down time. Players will be divided into male/female groups, grades 4th-6th and 6th-8th. If you want to learn the game of basketball from upbeat, passionate instructors, then this is the camp for you!

**Location:** Rochester Sports Garden, 1460 East Henrietta Road. Rochester, NY.

**Dates/ Time:** Tuesday**,** August 11th- Thursday, August 13th, 12:30-3:30 PM.

\*\*There is a limit of 16 participants in each age group( 4th-6th, 6th-8th). To ensure quality instruction, coach-player ratio will be no higher than 1:8. Also, for past/present NLH participants, refer two new individuals and receive $20 off camp price\*\*.

More details and online registration can be found on **www.nextlevelhoops.org.** For additional information call (585) 271-5726.

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Mail registration and payment to: **Next Level Hoops, 244 Tryon Estates, Rochester, NY 14609**

Make checks payable to: *Next Level Hoops*

Player Name: Age Grade M/F

Address:

Phone: Emergency Phone: \_\_\_\_\_\_

Email:

**WAIVER FOR PARTICIPATION**: I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that Next Level Hoops does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) listed below when parental permission is unavailable. My son/daughter is in good health and has no physical condition that would prevent him/her from participating in Next Level Hoops basketball activities. I agree to hold Next Level Hoops, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in this program.

**Parent/Guardian Signature:** **Date:** \_\_\_\_\_\_\_\_\_\_