

**DEAR CAMPERS,**

I am very excited to invite you to **Hoop Camp** this year. Our camp is open to boys and girls ages 7-16. It is designed to build from the very basics toward 5 players on the court functioning as one. Summer is a great time to learn, make new friends, and play "hoops". We have a great staff of high school coaches and college players, with support work from high school players

We have three main goals at **Hoop Camp**:

1. We want each camper to enjoy playing.
2. We want each player to improve their individual skills by stressing fundamentals.
3. We want each youngster to learn to utilize his or her abilities in game situations.

I am totally committed to creating a **POSITIVE** atmosphere. Our staff cares about young people; our purpose is to stimulate learning, enjoyment, and teamwork for all. *Coach Murray*

**DATES:**

**WEEK :** July 15th-July 19th  
Aug. 5<sup>th</sup>-Aug. 9th

**CAMP HOURS:**

Mon.-Thurs. 9:00-3:00, Friday 9:00-1:00 ONLY

**COST:**

\$125 per week

**MEDICAL:**

Camp attendees must have his or her own medical insurance.

**LOCATION:**

Milford Middle School  
33 Osgood Road  
Milford, NH 03055

**GENERAL INFORMATION:**

- Sneakers are required
- Sunscreen is recommended
- Each Camper will receive a free T-Shirt
- Fruit, water and punch are provided
- Pizza will be sold at lunch, or you can bring a bag lunch
- Leave your personal basketball at home

**FOR FURTHER DETAILS CALL: 672-7140**

- 1). Make check payable to: "**MHS BOYS BASKETBALL**"
- 2). Fill out Release Waiver/ Player Application
- 3). Mail check and Player Application to:

**Coach Murray**  
**12 Mullen Rd**  
**Milford, NH, 03055**

- 4). **Keep this page for reference**



**HOOP CAMP**

**Camp Director: Dan Murray**  
**Milford Boys Varsity Basketball Coach**

**Fund-raiser for Milford High**  
**Basketball Program**

**Release-Waiver for: "HOOP CAMP"**

Please enroll my child in "HOOP CAMP". I understand that "HOOP CAMP" coaches, anyone associated with the "HOOP CAMP", and the Milford School District will not assume responsibility for accidents, medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and is able to participate in the physical activity of a vigorous program. I hereby authorize the team coaches and assistants to act for me according to their best judgment in any emergency requiring medical attention.

PLAYER'S NAME (Please Print) \_\_\_\_\_

PARENT'S NAME (Please Print) \_\_\_\_\_

I have read, understand, and agree with the information in the above release-waiver:

PARENT'S SIGNATURE \_\_\_\_\_

<p><b><u>2019 Camps</u></b></p> <p><input type="checkbox"/> July 15<sup>th</sup>- July 19<sup>th</sup></p> <p><input type="checkbox"/> Aug. 5<sup>th</sup>- Aug. 9<sup>th</sup></p> <p><input type="checkbox"/> BOTH Weeks 1 &amp; 2</p>
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**Player & Emergency Contact Info**

PLAYER'S NAME \_\_\_\_\_ D.O.B \_\_\_\_\_ FALL 2019 GRADE LEVEL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

INSURANCE CARRIER / ID# \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

FATHER/ GUADIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER/ GUADIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_