



COLTS BASKETBALL CAMP ENTERS ITS 5TH YEAR IN PROVIDING PLAYERS THE OPPORTUNITY TO IMPROVE THEIR GAME, DEVELOP NEW SKILLS, AND TO CREATE A WORK ETHIC THAT TRANSLATES TO SUCCESS AT THE HIGH SCHOOL LEVEL.

DAILY ROUTINE:

- **SHOOTING TECHNIQUES, DRILLS, AND COMPETITION**
 - **WEIGHT ROOM, SPEED & AGILITY TRAINING**
 - **5 ON 5 FULL COURT GAMES**

COST:

- **\$50, PER PLAYER, PER WEEK!!!**

TIME:

- **9AM – 12PM, MONDAY → THURSDAY**

DATES:

- **JUNE 21ST – 24TH**
- **JUNE 28TH – JULY 1ST**
- ***TENTATIVE DATES: JULY 12TH-15TH & JULY 19TH-22ND**

THIS IS A GREAT WAY TO GET A HEAD START ON THE COMPETITION FOR NEXT SEASON...NOW! DO NOT WAIT TO WORK ON YOUR GAME, SIGN UP TODAY!

CALL:

BOYS BASKETBALL HEAD COACH

- **COACH DEAREN @ 954.415.4322**

EMAIL:

- **MATTHEW.DEAREN@BROWARDSCHOOLS.COM**

TEAM WEB PAGE:

<http://coralspringshigh.org/athletics/Basketball/>

**REMEMBER: SHOOT, LIFT, PLAY, REPEAT!
ALL IN OUR BEAUTIFUL AIR CONDITIONED FACILITIES.
7201 WEST SAMPLE ROAD "HOME OF THE COLTS"**

Colt Basketball Camp Registration Form 2010

Name: _____

Address: _____

City/State/Zip: _____

Grade (Fall 2010) Current School: _____

Parent Name: _____

Home Phone: _____

Parent Cell Phone: _____

Parent E-Mail: _____

(Registration confirmation will be sent to this e-mail address)

CAMP WEEK(S): JUNE 21st-24th AND/OR JUNE 28th-July 1st (Please circle)

Method of Payment: Cash (amount): Check (number): _____

➤ **\$50 per session, Check Payable to: COLTS BASKETBALL CLUB**

Parent/Guardian Permission:

I hereby request my son/daughter be admitted to the Colt Basketball Camp. The undersigned parent or guardian understands the applicant will be engaging in physical activity during the program which contains an inherent risk, and releases the Colt Basketball Camp and Coral Springs High School, its officers, directors, agents, and employees from any and all liability for personal injury arising out of the applicant's participation in the camp. I hereby grant permission for my son/daughter to attend the Colt Basketball Camp and to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness or other mishap. I further agree to pay through my insurance company or otherwise for any other medical treatment that may be necessary. Each camp must present a certificate of health from a physician stating that he/she is physically fit.

Parent Signature/Date

Health Plan Name and Identification Number

**Send Registration Form and payment payable to
Colt Basketball Club**

**Coral Springs High School Attention: Coach Dearen
7201 West Sample Road Coral Springs, FL 33065**

Call 954-415-4322 Coach Dearen , for more information.

Check us online at www.coralspringshigh.org

Email: matthew.dearen@browardschools.com