



BADGER BOYS BASKETBALL CAMP

Come Join the Fun!!!!

WHEN: June 4-7

GRADES 6th – 8th 10:00am – 12:00pm
3rd – 5th 12:30pm – 2:30pm

ABOUT THE CAMP: Individual skills will be taught by the camp staff, which includes Coach Olson, his staff, and current Bennington varsity players. All campers will have a chance to compete for prizes in various competitions.

WHO CAN PARTICIPATE: Students entering grades 3 – 8 this coming fall.

**ALL CAMPERS WILL RECEIVE A
CAMP T-SHIRT**

WHERE WILL THE CAMP BE HELD:

Bennington High School

TUITION: The Cost of the camp is \$45.00. Competition winners will be awarded gatorades, candy bars, and popsicles on a daily basis.

Please make checks payable to:

BENNINGTON PUBLIC SCHOOLS

WHAT YOU NEED TO BRING: Each camper should bring clean gym shoes. Basketballs will be provided.

DROP OFF APPLICATIONS TO:

Mrs. Falkinburg at Pine Creek Elementary
Mrs. Macey at Heritage Elementary
Mrs. Eikmeier at Bennington Elementary

or mail to:
Luke Olson
c/o Bennington High School
16610 Bennington Road
Bennington, NE 68007

APPLICATION DEADLINE: Walk-up applications will be accepted the first day of camp.

CHECK IN TIMES

6th – 8th graders 9:30-10:00 Day 1
3rd – 5th graders 12:00-12:30 Day 1

If you have any questions feel free to contact Coach Olson.
Phone: 469-2506
Email: lolson@bennps.org

APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

NEXT YEARS GRADE: _____

T-SHIRT SIZE

YOUTH S M L XL

ADULT S M L XL

PARENTAL CONSENT FORM:

Medical Information Allergic reactions/medications:

IN CASE OF EMERGENCY:

Parent or Guardian: _____
HOME PHONE: _____
WORK PHONE: _____
OTHER CONTACT: _____
PHONE: _____

IN THE EVENT A PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE INDICATE ONE OF THE FOLLOWING:

_____ I hereby certify the staff of the BADGER BASKETBALL CAMP has full and unconditional authority to proceed with treatment as judgement indicates for injuries during camp. The staff of the Badger Basketball Camp shall not be held responsible for any consequence resulting from such injuries.

_____ I AUTHORIZE LIMITED CARE AS FOLLOWS:

I DECLARE THAT I AM THE PARENT/GUARDIAN FOR THE ABOVE MENTIONED MINOR.

NAME: _____

SIGNATURE: _____

DATE: _____

