

2023 Summer Basketball Camp **“HIGH FLYER”**

Boys & Girls

Camp Director

*****Keith Barnett*****

Head Basketball Coach – Aliso Niguel High School
2005 CIF Champions

League Champions - 2005 / 2011 / 2012 / 2018 / 2021

Session 1: “High Flyer” Basketball Camp

Who: Boys / Girls – Ages 7 – 14 (**Grades: 1st – 8th**)

- Did you attend the camp last year? (____)

Dates: Monday, June 26th – Thursday, June 29th

Times: 9am-2pm (Lunch provided)

Location: Aliso Niguel HS

Summer Camp “Requested Donation”: \$240-

* (SAME DAY WALK-UPS...No guarantee of openings – Walk-up registration -\$300-)

CAMP LUNCHES: Monday & Wednesday – Hot Dog / Chips / Granola Bar / Water
Tuesday & Thursday – Pizza / Chips / Water

(* You may bring your own lunch from home if you choose.)

- **Check Payable to:** WOLVERINE BOYS BASKETBALL
- **Please mail Cash or Check to:** Aliso Niguel High School
(c/o – Keith Barnett)
28000 Wolverine Way
Aliso Viejo, Ca. 92656

-
- **Note:** No mailed checks will be received after Friday, June 23rd
 - **NO** confirmation emails will be sent out. If you would like confirmation please email Coach Barnett @ Kwbarnett@capousd.org
-

****Camp Highlights****

- Camp T-shirt for every player
- Skill development / Competitive Games / Division Championships
- 1 on 1 competition / Free throw competition / Lightening competition / Camp MVP's
- Qualified professional basketball staff

Campers Name: _____ Age: _____ Gender: _____ Grade in fall: _____

Campers Height: _____ Weight: _____ Current School: _____

T-shirt size (Circle one): Youth - S M L / Adult - S M L XL XXL

Parent (s) Name: _____ Email Address: _____

Address: _____

Parents cell phone: _____ Camper cell phone: _____

Please note any medical conditions we should be aware of: _____

Medical Insurance Carrier: _____ Policy # _____ Group # _____

I/We hereby waive, release and hold harmless the Capistrano Unified School District, Keith Barnett, Aliso Niguel Boys basketball program or “High Flyer” Basketball for any, and all liability for any injuries or damage that he/she may receive or cause as a result from activities during the above mentioned camp. I/We assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our family health plan.

Cancellation Policy: Cancellation requests must be emailed to Coach Barnett, who will then forward to ANHS booster club treasurer.

Signature of Parent / Guardian: _____ **Date:** _____

Boys Divisions:

7-8 – Central Division

9-11 – Mid-West Division

12-14 – Pacific Division

Girls Divisions:

7-9 – Eastern Division

10-14 – Atlantic Division

- Please indicate **ONLY** if you would like your child to be **moved up a Division.**
Age of child: _____ Division to be moved up to: _____

- Due to the number of players’ we **cannot** guarantee that you will be on a team with **all** of your friends, however, if you would like to request being put on a team with **ONE** friend, we will make every effort to accommodate your request. Please list the name (of friend) and division requested below.

Name of Friend: _____ / **Division:** _____

For further information or registration: Email Keith Barnett @ Kwbarnett@capousd.org

This is not a CUSD sponsored event! This flyer was not printed at district expense.

“Please note that the Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.

Note: All donations are voluntary”

