2024 Summer Basketball Camp "HIGH FLYER"

(Sponsored by: Aliso Warriors Basketball & Jonah Ganz)

Boys & Girls

Camp Director ****Keith Barnett**** Head Basketball Coach – Aliso Niguel High School

<u>CIF Champions</u> - 2005 <u>League Champions</u> - 2005 / 2011 / 2012 / 2018 / 2021

Session 1: "High Flyer" Basketball Camp

Who: Boys / Girls – Ages 7 – 14 (Grades: 1st–8th) Dates: Monday, June 24th – Thursday, June 27th Times: 9am-2pm (Lunch provided) Location: Aliso Niguel HS

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

Summer Camp Fee: \$250-

* (<u>SAME DAY WALK-UPS....No guarantee of openings - Walk-up registration</u> -\$300-)

CAMP LUNCHES ARE INCLUDED!

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: <u>ALISO WARRIORS BASKETBALL</u>
- Mail check or cash to...

Jonah Ganz 23412 Pacific Park (Unit 34J) Aliso Viejo, Ca. 92656

Note: You **MUST** still mail in your registration form in **<u>via mail</u>** (for team placement Thank you!

• <u>NO</u> confirmation emails will be sent out. If you would like confirmation, please email Coach Ganz <u>@Ganziejr@gmail.com</u>

****Basketball Camp Highlights****

- Camp T-shirt for every player / Lunch provided to all campers!
- 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 / Adul	lt-SMI	L XL XXL
Parent (s) Name: Email Address:			
Address:			
Parents cell phone:	_ Camper cell ph	ione:	
Please note any medical conditions we should be aware of:			
Medical Insurance Carrier:	Poli	icy #	_ Group #
 I/We hereby waive, release and hold harmless Capistrano Unified School District, Aliso Niguel Keith Barnett, Jonah Ganz, "High Flyer" Basketball and "Aliso Warriors" 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 Jonah Ganz (Ganziejr@gmail.com) Signature of Parent / Guardian: Date: 			
	<u>rls Divisions</u> : 9 – Eastern Division		
9-11 – Mid-West Division 10	-14 – Atlantic Divis	ion	
12-14 – Pacific Division			
Please indicate <u>ONLY</u> if you would like your child to be <u>moved up a Division</u> . Age of child: Division to be moved up to:			
Due to the number of player's we <u>cannot</u> guarantee that you will be on a team with <u>all</u> of your friends, however, if you would like to request being put on a team with <u>ONE</u> friend, we will make every effort to accommodate your request. Please list the name (of friend) and division requested below.			
Name of Friend [.]	1	Division [.]	

For further information or registration: Email Jonah Ganz @ Ganziejr@gmail.com

This is not a CUSD sponsored event!