

Broome Centurion Basketball Summer Camp

WHEN IS IT?

June 5th-8th
9:00 am – 11:30 am
Lunch will be provided in the school
cafeteria
11:30-12:00

WHAT IS IT?

The Centurions will hold a summer basketball camp covering all aspects of the game of basketball. This will be a great opportunity for young players in the community to work with a few members of the Varsity team and coaching staff to help build proper fundamentals and become a better basketball player.

WHO CAN ATTEND?

Anyone from the ages of 6 to rising 7th graders.

WHERE IS IT?

Broome High School's
Main Gym

HIGHLIGHTS OF CAMP:

- Free t-shirt to all participants
- Individualized instruction for players of any level and experience
- Players grouped appropriately by age and ability

WHAT IS THE COST?

Before May 31st:

\$50 for all participants

Make checks payable to
Broome High School boys'
basketball

WHAT DO I NEED?

Campers should come prepared wearing shorts, a t-shirt, tennis shoes, and a water bottle.

Registration Form- Complete, detach
and mail with payment to:

Broome High School
Boys Basketball Camp
Attn Coach Ben Martin
381 Cherry Hill Road
Spartanburg, SC 29349

If you have any questions, please
contact Head Coach, Coach
Martin

bmarti@spartanburg3.org

Registration Form

Player Name: _____

Age _____ Grade _____

City/Zip _____

Parent Name: _____

Cell Phone: _____

Parent Email: _____

Emergency Contact
Name/Phone _____

Are there any Medical
Conditions that the staff
should be aware of?

T-Shirt Size (Circle):

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We/I give my permission for my child to participate in the 2018 Broome Centurion Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp or its employees or Spartanburg School District Three responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature: _____