

BULLDOG **H E R O** Clinic

Saturday, October 27, 2007

9:00 a.m. – 12:00

9:00 a.m. – 11:00 Practice

11:00 – 12:00 Lunch and Speaker

Bring your HERO to basketball practice! Players (boys & girls) bring a parent, grandparent, sibling, uncle, aunt, whoever is your HERO, to the gym for a fun-filled time of fellowship, basketball, and motivation.



What you and your HERO will do!

- Station 1 = Offensive Station = compete at shooting, dribbling, and passing drills
- Station 2 = Defensive Station = compete at playing 1 on 1, stance, slide, and boxing out drills.
- Station 3 = Varsity Locker rooms = H2O, snack, highlight video, and Pep Talk
- Station 4 = Main Court = 5 on 5 scrimmage playing against your HERO!
- Station 5 = Weight room = Lifting contests with ESPN's America's Strongest Man!

The camp will provide t-shirts, lunch (a pizza from Papa Johns or a sandwich from Quizno's with drink to eat), and a speaker who talks about "An Adult's Role in a Player's Success".

ALL AGES K-12 ARE WELCOME!!! Participants should wear shorts, a t-shirt, socks, and gym shoes. Players and HEROS will be **grouped** according to age of the player. Our athletic trainer Dave Jessup will be on hand as well as the entire varsity coaching staff. We will make this a terrific day and one you will remember for all time!



Bulldog HERO Clinic – RESPOND BY OCTOBER 23rd!

PLEASE PRINT LEGIBLY

Player's Name: _____ Grade 07-08: _____ Age: _____

Parents/ Guardian's' Name: _____

Address: _____ City/State: _____

Emergency Contact Information (Phone #) _____ Name of Contact: _____

HERO's Name: _____

HEROs' Address: _____

Shirt Sizes: Circle **TWO**

\$40.00 Makes Checks Payable to: *BHS Athletics*

YS YM YL

Send to: 1000 S Odell Street, Brownsburg IN 46112

AS AM AXL AXXL

& Call 317-852-2258 ext. 1661 to reserve your spot!

PARENT/GUARDIAN PERMISSION FORM

As the Parent/Guardian of _____, I hereby approve of his/her participation in Basketball Camps. I hereby waive and release the school, camp director, coaches, and camp workers, from any and all liability due to illness or injury incurred while participating in or traveling to/from this camp for both the player and the HERO. I understand that I am responsible or liable for any injury or damage incurred while participating in or traveling to/from this camp and do not hold BCSC, BHS Athletic Department, or any member of the coaching staff liable in case of an accident or injury.

PARENT/GUARDIAN SIGNATURE

DATE