



Newberg Basketball

Boys Summer Youth Camp (3rd-8th Grade)

2019 Summer Basketball Camp

June 18th-20th @ Newberg High School

Cost: \$50 if registered by June 14th
\$60 at the door

incoming 3rd-5th Grade: 9:00 - 11:00am

incoming 6th-8th Grade: 11:30am - 1:30pm

Improve your game while getting to know the high school coaching staff and players. All campers will receive individualized instruction from NHS basketball staff & players. All campers will receive a Newberg Basketball t-shirt and the opportunity to win prizes throughout the week. Any families with multiple children attending the camp will receive a \$5 discount per camper. The camp is intended for students **entering** the 3rd-8th grades in the fall of 2019.

If you have questions, please email Mark Brown at brownm@newberg.k12.or.us or call 503-554-4412. Registration form must be filled out by a parent/guardian in order to attend camp. All campers must provide proof of health insurance. Doors open at 8:30am on Tuesday. Payment due upon arrival. For more information, go to www.newbergboysbasketball.com.



Camp Director, Mark Johnson: Mark Johnson is a former member of the George Fox University men's basketball team and long time NBC Camps coach. For the last nine years Coach Johnson has been the site director for NBC Camps at George Fox University and Linfield College as well as Varsity Academy, NBC's off-season training program. In addition to directing camps Coach Johnson has also coached JV and varsity basketball at St. Paul High School, and joined the Newberg High School coaching staff four years ago. He is passionate about connecting with youth athletes through the game of basketball and helping them to take their skills to the next level.

Connect with Newberg Boys Basketball on Facebook & Twitter!
www.facebook.com/newbergboysbasketball
[@nhsboyshoops](https://twitter.com/nhsboyshoops)

Athletic Permission/Insurance Form is on the reverse side



Official Use Only:

D/R: _____

P/R: _____

This form must be completed by a parent or guardian and returned to the Newberg High School Bookkeeping office by Friday, June 14th @ 3pm to receive the discounted price of \$50. Otherwise, the completed form and \$60 payment are due at registration on Tuesday, June 18th before campers will be allowed to participate in any camp activities. All campers must provide proof of medical insurance. For more information, go to www.newbergboysbasketball.com.

Make all checks payable to Newberg High School and add 'Boys Youth Basketball Camp' in the memo line. Registration forms and checks can also be mailed to:

Newberg High School
 Attn: Mark Brown
 2400 Douglas Ave
 Newberg, OR 97132

Please circle which Session the camper will be attending based on their age:

Session 1 (**incoming** 3rd-5th Grade)
 9:00-11:00am

Session 2 (**incoming** 6th-8th Grade)
 11:30am-1:30pm

ATHLETIC PERMISSION/INSURANCE FORM

Student last name _____ First name _____

Address _____ City _____ Zip _____ Home Phone _____

Height _____ Weight _____ Date of Birth _____ SHIRT SIZE: S M L XL

Father (day) _____ (night) _____ (cell) _____

Mother (day) _____ (night) _____ (cell) _____

Special Medical Problems, Allergies, Medications, etc. _____

Name of Family Physician _____ Dentist _____

Medical insurance REQUIRED before any athlete can be allowed onto the field/court for practice.

Medical Insurance Co. _____ Policy/Group Number _____

Please check one:

I DO _____ hereby give my permission for a member of the School District coaching staff and/or athletic trainer to secure medical treatment by a physician and/or hospital in my absence.

I DO _____ hereby give my permission for a member of the School District coaching staff and /or athletic trainer to secure medical treatment by a physician and/or hospital for only the following instances:

Parent Signature _____ Date _____

I agree that Newberg Basketball and Newberg School District may take and use photo's of my child and use them for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent Signature _____ Date _____

Parent Email _____