

BOYS BASKETBALL LEAGUE PLAY

Monday, June 10 - Friday, July 19

Eligibility determined by grade levels for the '19-'20 school year

Registrations will be accepted through June 3 at the Cleveland Heights Community Center. Late registration after June 3 on a space-available basis. Registration limits will be in effect for each age level. Please register early.

If you would like information on these camps or other programs of the Cleveland Heights Parks and Recreation Department, email mdiscenzo@clvhts.com, call 216-691-7373, or write 40 Severance Circle, Cleveland Heights, Ohio 44118.

Cleveland Heights City Council:
Carol Roe, Mayor; Melissa Yasinow, Vice Mayor
Mary Dunbar, Kahlil Seren,
Jason S. Stein, Michael Ungar
Tanisha R. Briley, City Manager



CLEVELAND
HEIGHTS

Basketball Camp
40 Severance Circle
Cleveland Heights, Ohio 44118

BOYS 2019 BASKETBALL developmental camp



Cleveland Heights Community Center
Monticello & Mayfield

June 3-7

Separate camps for:
Grades 3-7 & 8-12

Head Instructor:

Dave Johnson

Heights High has a great
Boys' Basketball tradition!

**Scholarships available for
Cleveland Heights residents**

**Cleveland Heights
Parks & Recreation
216-691-7373**



2010

BOYS Cleveland Heights Basketball Developmental Camp

Dates: June 3-7
Grades 3-7 & 8-12

Location: Cleveland Heights Community Center

Time: 9:00 am - 4:00 pm

Staff: Dave Johnson, Head Instructor assisted by other Heights High coaches and players

Cost: \$135 for Cleveland Heights Rec. I.D. card holders
\$165 for all others
((\$20 discount for additional camps or family members.)
Includes League Membership

Objective: The City of Cleveland Heights Developmental Basketball Camps are designed to motivate young people in order for them to develop their athletic and academic potential, while having fun playing the game of basketball. The program is for students from grades three through high school and will give them the opportunity to learn and develop their own basketball skills with their age group.

Camp Features: Boys who register for the camp will receive a t-shirt and a basketball. Eligible players will also receive admission to Summer Youth League. Campers must provide their own lunches and medical insurance.

A typical day will include:

9:00 am	Camp meeting
9:15 am	Session I Skills & Fundamentals
10:45 am	Break
11:00 am	Session II Stations/Visiting Instructor
12:00 noon	Lunch
12:30 pm	Session III Stations/Visiting Instructor Offense/Defense
2:00 pm	Break
2:10 pm	Session IV Games, Organized Play
3:00-4:00 pm	Open Play/Games

registration form

Cleveland Heights Developmental Basketball Camp Registration Form

Return to: Cleveland Heights Basketball Camp, 40 Severance Circle, Cleveland Heights, Ohio

Camper's Name _____

School _____

Grade ('19-'20 School Year) _____

Home address _____

City/State/Zip _____

Phone _____

E-mail _____

Grades 3-7 _____ \$135 Rec. I.D. card holder \$165 all others Scholarships available for Cleveland Heights residents.

Grades 8-12 _____ T-shirt size (check one): Adult S M L XL Youth Size L

I will participate in the Cleveland Heights Basketball League. (No fee required for Basketball League.)

(\$20 discount for additional camps or family members.)

WAIVER/RELEASE OF LIABILITY/MEDICAL CONSENT

In consideration of the City of Cleveland Heights ("City") providing sponsorship and/or providing facilities for this program and/or the Cleveland Heights-University Heights Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify the City and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages and liabilities for injuries or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician. Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Parks and Recreation Department, and further agree to assume all expenses for said treatment.

Signature of Parent or Legal Guardian _____

Date _____

PLEASE FILL IN THIS BRIEF HISTORY ON YOUR CHILD TO AID OUR INSTRUCTORS AND ANY PHYSICIAN WHO MIGHT TREAT HIM/HER.

PARENT/LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER (home): _____ (work): _____ (cell): _____

E-MAIL: _____

CHILD'S PHYSICIAN'S NAME: _____ PHONE: _____

AFFILIATED HOSPITAL (IF ANY): _____

ALLERGIES: _____

CHRONIC ILLNESSES: _____

OTHER PERTINENT CONDITIONS OR INJURIES: _____

INSURANCE COMPANY: _____