

BISON BASKETBALL



YOUTH CAMP

BOYS Grades 1st-6th

June 15-17, 2020



Bison Basketball Camps are designed to provide campers an opportunity to grow athletically and individually as a person.

Instruction will be geared to the age group and will focus on the introduction and development of basic fundamentals of basketball through individual drills, games & a lot of FUN! The basket heights will be modified for the age group.

COST: Boys 1st-2nd Grade cost is \$85 for 3 days of instruction (M-T-W 8:30-12:00 noon), basketball, daily snack & t-shirt. Boys 3rd-6th Grade cost \$125 for 5 sessions of instruction (M & T-8:30-4:00 p.m, W-8:30-12:00 noon), camp basketball, t-shirt, **daily snack at concessions and lunch included.**

CAMP SESSIONS: 1st-2nd Grade will be Mon, Tues, Wed from 8:30-12:00 noon. 3rd-6th Grade will be Mon & Tues 8:30-4:00 p.m, and Wed. 8:30-12:00 noon.

STAFF: The camp will be directed by **Head Coach Jeff Morgan** and **Assistant Coach Ray Woods**. Former and current Bison players as well as area coaches will be used as coaches and counselors. The staff is committed to building self-esteem regardless of skill level and be positive role models while leading campers through daily skill development drills and team activities. *****Daily snack included / no snack money needed**

REGISTRATION: Begins at 8:00 a.m. June 15, 2020 at the Rhodes-Reaves Field House. You can also visit www.hardinguniversitybisonbasketballcamps.com to sign up online and for more information. Can sign up ONLINE beginning Nov. 26!



BISON BASKETBALL BOYS YOUTH CAMP ENROLLMENT FORM

Detach this section of the form where indicated and send in with the \$25 non-refundable deposit to: Bison Basketball Camp, Jeff Morgan, Box 12281, Searcy, AR 72149. Camp Director, Jeff Morgan, (501)279-4754. Registration will be held **Monday, June 15th at 8:00 a.m.** at the Rhodes-Reaves Field House. **PLEASE MAKE CHECKS PAYABLE TO: BISON BASKETBALL CAMP.**

NAME _____

CIRCLE GRADE ENTERING Fall '20 1st 2nd 3rd 4th 5th 6th

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ PARENTS/GUARDIANS _____

IN CASE OF EMERGENCY PHONE _____ E-MAIL ADDRESS _____

Circle shirt size (youth sizes available) YS YM YL YXL S M L XL XXL

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH REGISTRATION

Camper Name: _____

HEALTH INSURANCE INFORMATION

Primary Insured's Name: _____

Insurance Co. Name: _____ Policy# _____ ID#: _____

Parent /Guardian

I/we, the undersigned hereby certify that I (we) am (are) the parent of legal guardian of the camper, I hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention. In the event of an accident, injury or illness, I will be responsible for any and all cost of medical attention and treatment, except for that covered by the camp's secondary medical coverage policy.

I/we, the undersigned, for ourselves, our heirs, executors and administration waive, release and forever discharge Harding University and the camp, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Camper will not be allowed to play unless the information is submitted and the form signed by the parent or guardian of the camper.

Signature: _____ Date: _____

National Tournament

1987 2008 2014
1996 2011 2016
2003 2013



Conference Tournament

1994 2003 2009 2014
1995 2004 2010 2015
1997 2005 2011 2016
2000 2007 2012 2017
2002 2008 2013