

Weeki Wachee High School Boys & Girls Fundamental Basketball Camp June 2nd – June 5th

9:00am -3:00pm

*** Gym Doors will open at 8:00am for camper drop-off ***

**Campers Ages 5 to entering the 8th Grade
\$120 per camper**

All Campers Receive A Camp T-Shirt & Gatorade Water Bottle!

Typical Camp Day:

9:00-9:05 Announcements
9:05-9:15 Dynamic Warm Up
9:15-10:45 Fundamental Stations
10:45-11:30 3 on 3 games
11:30-12:15 Lunch (Concession Stand Open/ Campers Bank Available)
12:15-12:30 Guest Speaker/Lecture
12:30-1:30 Shooting Contest
1:30-2:45 5 on 5 Games
2:45-3:00 Hot Shot For Prizes

Camp Highlights:

- *Ball Handling Skills
- *Individual Defense
- *Daily Contests and Prizes
- *3pt, FT, Hot Shot, Competitions
- *Rebounding
- *Coach-ability
- *All Campers Receive a T-Shirts
- *Fundamentals on Shooting and Passing
- *Team Defense
- *Team Competitions 3v3, 5v5
- *Footwork
- *Attitude
- *On Court Player Development
- *All Campers Receive a Gatorade Bottle

For more information or to confirm your spot call
Head Coach Billy Hughes 646-241-7089
APPLICATION FOR ENROLLMENT

Form can also be turned in with payment on the first day of camp June 2nd

Camp fee is \$120

Payments are accepted in cash or make checks payable to: W.W.H.S.

There are no refunds for "no shows" or "withdrawing" from camp once it has started.

Return to: Billy Hughes
Weeki Wachee High School
12150 Vespa Way
Weeki Wachee, FL 34614
352-797-7029

Name: LAST: _____ FIRST: _____

Address: _____

City/State/Zip: _____

Phone: _____ Age: _____ Grade going into: _____

School: _____ T-Shirt Size _____

Liability Release and Permission Form

****This form must be completed and returned by each participant before camp begins
Monday, June 2nd, 2025**

Camper's Name _____

The parent or guardian by signing this form gives consent to have his/her child participate in the Weeki Wachee High School Fundamental Basketball Camp. The parents hereby release the coaches, Weeki Wachee HS, and the School Board of Hernando County from liability from accident, injury, sickness, etc. which may occur to and from the clinic and during the clinic. The parent/guardian or above name of individual understands that basketball can be a dangerous sport and activity. By signing this form, both child and parent/guardian understands that the possibility of injury does exist, and the release of the above mentioned parties from any legal responsibility in the case of injury incurred participating in the clinic, etc. I hereby give permission for emergency medical treatment to be administered to my child in the event of my absence or in event that I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Weeki Wachee High School
12150 Vespa Way
Weeki Wachee, FL 34614