



# Boys' Basketball Camps



*Summer 2008*

**Elite Camp: May 31-June 1**  
**Father-Son: June 13-14**  
**Day Camp I: June 23-26**  
**Mini Spiders: July 14-17**  
**Day Camp II: July 28-31**

**UNIVERSITY OF RICHMOND**



University of Richmond  
Men's Basketball Office  
Robins Center  
Richmond, VA 23173

## RICHMOND BASKETBALL CAMP REGISTRATION FORM

**SELECT DESIRED CAMP(S): Indicate your selection by checking the box(es)**

Deposit and Registration Forms Should Be Submitted One Week Prior To Camp. A Deposit Will Be Required For Each Camp Selected

- ELITE CAMP** May 31-June 1 10-10pm, 9-3pm Ages 14-18 Price: \$125
- FATHER-SON** June 13-14 4-10pm, 9-3pm All Ages Price: \$200
- DAY CAMP I** June 23-26 9am-4pm Ages 8-17 Price: \$250
- MINI SPIDERS** July 14-17 9am-1pm Ages 6-10 Price: \$200
- DAY CAMP II** July 28-31 9am-4pm Ages 8-17 Price: \$250

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shirt Size \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Campers Age On June 1, 2008 \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_

Applications must be accompanied by a Non-Refundable deposit of \$100. Remaining balance will be due by the first day of camp. Credit Cards are not accepted. Checks should be made payable to "UR Basketball Camp" and mailed to:

UR Boys' Basketball Camp, Robins Center, University of Richmond, VA 23173

Questions, please contact Rob Jones at (804) 287-6384 or [rjones9@richmond.edu](mailto:rjones9@richmond.edu)

# 2008 Richmond Boys' Basketball Camps

Dear Parents,



I would like to take this opportunity to invite you to the 2008 University of Richmond Boys' Basketball Camp. My staff and I are excited to direct our fourth basketball camp at the University of Richmond.

At our camp we emphasize the importance of individual skills to all campers. We try to assist each camper in developing his overall game for the week of camp, and give him the groundwork to improve his game throughout the summer. Our campers drill and compete within their age groups in various skill competitions such as dribbling, passing, shooting and defense.

Beyond individual skill development, we emphasize the importance of team play to all campers. Each coach will implement a camp offense that will require the campers to utilize their skills while learning to play together. The offense will require passing, cutting and screening by every member of the team to help each player understand the value of team play.

I do hope that you will take this opportunity to attend this year's camp. We have assembled an outstanding camp coaching staff to teach your son the skills and fundamentals of basketball and the value of teamwork.

Sincerely,

Chris Mooney

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**May 31-June 1**  
 10-10<sup>pm</sup>, 9-3<sup>pm</sup>  
 Ages 14-18  
 Price: \$125

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**June 13-14**  
 4-10<sup>pm</sup>, 9-3<sup>pm</sup>  
 All Ages  
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**DAY CAMP I**  
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 9<sup>am</sup>-4<sup>pm</sup>  
 Ages 8-17  
 Price: \$250



**MINI SPIDERS**  
**July 14-17**  
 9<sup>am</sup>-1<sup>pm</sup>  
 Ages 6-10  
 Price: \$200

**DAY CAMP II**  
**July 28-31**  
 9<sup>am</sup>-4<sup>pm</sup>  
 Ages 8-17  
 Price: \$250

Each camp will include...

- Officiated 5 vs 5 Games
- 3 on 3 & 1 on 1 Games
- Hot Shot Competition
- Free Throw Competition
- Variety of Other Games



Campers will play in the Robins Center (above) as well as the new Weinstein Center (top left). Meals will be served in the newly renovated Heilman Dining Center (right).



## University of Richmond Basketball Camp Waiver/Medical Release Form

It is the responsibility of the camper's parent or guardian to ensure that the camper is healthy and has no physical problems that would prevent his participation in all camp activities. In the case that a major medical problem arises, an attempt will be made to notify you by telephone. In the event you cannot be reached, the medical treatment as deemed necessary by a licensed physician will be administered. In addition, I agree to indemnify the Trustees of the University of Richmond, and all of their officers, employees, and agents, against all claims, or liability whatsoever arising from this agreement or the performance of this agreement and from all claims on the account of any injuries which may be sustained by your child while traveling to, participating in and returning from any camp activities. I understand that responsibility for primary medical insurance coverage rests with the camper.

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

List any allergies to medicines: \_\_\_\_\_

List any conditions that physicians should know about: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Son's Social Security No.: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Emergency Phone Numbers (Day): \_\_\_\_\_ (Night): \_\_\_\_\_