

MATTHARPING

“Back to Basics” 2012 Basketball Camp

A message from Matt about the camp!

Get ready to experience the best basketball camp in Georgia!. This is the tenth consecutive year for my camps. Many camps are over-rated, over-priced, and over crowded. This will NOT be one of those camps. I take great pride in making my camp worth the time and money participants will spend. I am personally accessible to all campers and parents throughout the camps. Every day the fundamentals and the best techniques of basketball will be drilled RIGOROUSLY, INSTRUCTIVELY, AND ENJOYABLY! You will walk away with the essentials of Basketball but most importantly, campers will have FUN. I look forward to seeing you at the camp.



...Matt Harpring

CAMP DETAILS

Dates: Camp 1 July 9-12 8:30 am-3:30 pm
Camp 2 July 16-19 8:30 am-3:30 pm

Price: \$260 One session
\$470 Two sessions or two campers in the same family
\$670 Three campers in the same family

Place: Walton High School
1590 Bill Murdock Rd
Marietta, GA 30062

Ages: 8-15 years for **Boys & Girls!**

Two Leagues for each week. 8-11 will be in one gym and 12-15 will be in the other.

Each age group will have the following special camp awards:

MVP	3 on 3 champions
Best Attitude	5 on 5 champions
Best Defense	Coaches award
MR/MS Fundamentals	Most Improved

Weekly awards will given to the champions of free throw, gotcha, mikan, hotshot, and one on one.

Daily awards will be given to winners of mikan, hotshot, one on one, free throw, and gotcha.

TYPICAL SCHEDULE

8:30-8:45	roll call, stretch
8:45-9:00	strength and agility drills
9:00-10:00	fundamental stations
10:00-11:00	5 on 5 league games
11:00-12:00	skill competitions
12:00-12:20	lunch
12:20-12:40	lecture
12:40-1:20	skills competition
1:20-1:45	games
1:45-2:15	3 on 3 league games
2:15-3:25	5 on 5 league games
3:25-3:30	closing remarks



Each Camper will receive:

- Autograph picture with Matt & Camper
- Camp t-shirt
- Misc. Sponsor gifts
- Chance to win daily awards from our games

FOR MORE INFORMATION:

www.mattharpring.com
E-mail: jkharpring@gmail.com
(678)925-4146



Date Posted: _____

Application Form to Matt Harpring's "Back to Basics" 2012 Basketball Camp

Check Session: July 9-12 _____ July 16-19 _____ Age _____
(Ages 8-11 and 12-15) (Ages 8-11 and 12-15)

Name: _____ Gender: _____

Address: _____
Street City State Zip Code

Parent's Name: _____ (H) _____ (C) _____
Home Phone Cell Phone

Emergency Contact Name: _____ Phone: _____

2011/2012 School Attended: _____ E-mail: _____

DETAILS

- * Full Session Price is \$260 per child, \$470 for 2 children from same family or for 1 child attending both sessions and for families sending 3 kids, the cost is \$670
- * Both age brackets (8-11 and 12-15) will be instructed separately and will work on separate courts
- * Make all checks payable to: **Matt Harpring Enterprises LLC.**
- * Return Application To: **"Back To Basics" Basketball Camp
C/O Jack Harpring
235 Lake Summit View
Atlanta, GA 30342**

* Upon receipt of your registration and full payment, a spot(s) is reserved and a confirmation e-mail will be sent

* For more information on the camp, visit www.mattharpring.com or send e-mail to: jkharpring@gmail.com

RELEASE FOR MEDICAL TREATMENT

Is tetanus shot current?: _____ Date if known: _____ Allergies: _____

Physical concerns staff should be aware of: _____

I hereby authorize medical treatment for: _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless, Matt Harpring Enterprises LLC, doing business as Matt Harpring's Basketball Camp, and its director, employees and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending camp or occurring as a result of having attended camp. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in an event of an emergency requiring medical attention, I shall pay for the services rendered.

Signature of Parent/Guardian: _____ Date: _____

Please Indicate Check Number: _____ Amount of Check: _____ Balance Owed: _____