

# ***SLINGER BASKETBALL***

## ***2025 Summer Basketball Academy***

**JUNE 16th, 18th, 23rd, 24th, 25th, 30th**

Participants will receive instruction from Coach Lavine and the high school basketball staff. The camp instruction will focus on shooting, offensive footwork, ball handling, and scoring.

### **GRADES 4th-6th**

**CODE:** 5934

**LOCATION:** Slinger High School

**TIME:** 10:00-11:30 am

**Camp Leader:** Coach Alex Lavine

### **GRADES 7th-8th**

**CODE:** 5935

**LOCATION:** Slinger High School

**TIME:** 11:30-1:00 pm

**Camp Leader:** Coach Tony Dobson

### **GRADES 9th-12th**

**CODE:** 5936

**LOCATION:**

Slinger High School

**TIME:** 6:30-8:00 am

**Camp Leader:** Coach Alex Lavine

**FEE | \$100 per participant**

*\*No partial payments accepted*

## **2025 Slinger Boys Basketball Academy Camp**

- Participants should bring their own basketball –***
- Participation at all camp dates is encouraged, but not required –***

**Circle \*T SHIRT SIZE: YS - YM - YL - AS - AM - AL - AXL**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CODE# \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_ ALTERNATE / CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Are there any medical conditions we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

**Make checks payable to the "SLINGER PARKS & RECREATION DEPT."**

## **LIABILITY WAIVER & PARENT CONCUSSION AGREEMENT FORM:**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athletes are involved with. All concussion safety information is posted on the Slinger Recreation Department Website at [www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov). It is your responsibility as a parent to read this information carefully before signing this waiver.

### **PARENT AGREEMENT:**

I \_\_\_\_\_ have read the Parent Concussion and Head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and to our department.

I understand the possible consequences of my child returning to practice / play too soon.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_