

# AARON GREEN

## BASKETBALL CAMP

*Hiwassee College*

**July 11<sup>th</sup> - 14<sup>th</sup> 8:30 a.m. - 11:30 a.m.**

Go to [www.oakridgebasketball.com](http://www.oakridgebasketball.com) for more information.

**HIWASSEE COLLEGE - MADISONVILLE, TN**  
**CAMP DIRECTOR AARON GREEN (423) 595-1829**

- Video tape analysis of each camper's shot
- League play 5-on-5
- Defensive techniques and strategies
- Shooting stations
- Gotcha competition
- Hot Shot competition
- Free Throw competition
- Highlight videos
- Possible UT Players as guest speakers
- Individual Awards
- Each camper will receive a camp t-shirt.
- Campers will be grouped with their own age and ability levels.
- Secondary insurance will be provided covering all participants.
- Open Gym 7:30am to 8:30am daily

**CAMP IS OPEN TO ALL BOYS & GIRLS  
grades Kindergarten-9<sup>th</sup>.**

**2011 AARON GREEN BASKETBALL CAMP**  
**SEND TO: 144 Apple Tree Drive, Clinton, TN 37716**

**COST: \$75.00 PRE-REGISTERED --- \$85 AT THE DOOR**

**Sibling Discount: 2 Sibling Rate (per session)-\$120/3 Sibling Rate (per session)-\$170**

(Make checks payable to Aaron Green - Doors open at 7:30 a.m.)

(This registration form and the pre-registration fee must be mailed in time to be received before the first day of camp to receive the pre-registration fee. Phone registrations are accepted, but the 'pre-registered' check must be received before camp.)

**July 11-14 (Monday-Thursday)**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ (during camp time)

Email: \_\_\_\_\_

**PERMISSION AND INSURANCE WAIVER**

\_\_\_\_\_ has been given permission to attend and participate in the 2011 Aaron Green Basketball Camp. As the parent/legal guardian, I release Aaron Green, Hiwassee College, and the camp staff from all liability in the case of injury to the above camper.

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

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

INSURANCE: Each camper will be covered by an Accident Policy. This policy is secondary to your primary policy and provides only limited coverage. The insurance fee is included in the camp tuition.