

17th Annual PANTHER BASKETBALL CAMP

Chico High's Boys Basketball

- **Finished in the Final 4 Division II Northern California State Playoffs in 2012**
- **Section Champions 2009, 2010, 2011, 2012, 2013, 2014**
- **Eastern Athletic League Champions 2011, 2012, 2013**



CHS PANTHERS



CHICO HIGH SCHOOL

Session One: June 9 - June 13

Session Two: June 16- June 19

8:30 - 12 noon

Gym opens at 8:00

5th to 9th Grade

PANTHER BASKETBALL CAMP

Session One: June 9 -13

Session Two: June 16-19

Please mark session: June- 9 -13 \$75 _____ June -16-19 \$60 _____ Both Sessions \$125 _____

APPLICATION

The **Panther Basketball Camp** features CHS Coaching Staff and the members of the Chico High School Boys Basketball Program. Campers will be given instructions in individual and team fundamentals of the game, as emphasized in the Panther Basketball Program. Competitive games will be conducted daily. The camp is open to all boys and girls going into 5th through 9th grade for the 2014-2015 school year. All proceeds go to the Panther Basketball Program.

Checks payable to:
CHS Boys BASKETBALL
Cost is \$75.00 Session One (5 days)
Session Two \$60.00 (4 days)
Both Sessions \$125.00 (9 days)
*Campers may participate on a prorated basis at \$15.00 per day.

Camp Registration:
You may register prior to camp or register any day that camp is in session

Location
Chico High Gym
Time:
8:30 a.m.–Noon (Gym opens daily at 8:00 a.m.)

Last Name _____
First Name _____
Address _____
City _____ **Zip** _____
Grade (in 2014-2015) _____
Age _____ **Height** _____
E-mail _____

Shirt size (Adult) S M L XL

Return Application to:
Panther Camp
Attn: Kirk Bruchler
1823 Capstone
Chico, CA 95926
For questions please call
891-3026 x102
Mon-Fri 7:30- 4:00 or email
coach Bruchler at kbruchler@chicousd.org

I hereby authorize the Personnel of the Panther Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **PANTHER BASKETBALL CAMP** from any and all liability for any injuries and illness incurred while at **PANTHER BASKETBALL CAMP**. I will be responsible for any medical in connection with my child's attendance. I know of no medical or other physical problem which may affect my child's ability to safely Participate in this program. Please note any medical conditions that we should be aware of:

Parent's Signature Date
Local Physician _____
Phone # _____
Child's Insurance Company

Policy # _____

In case of Emergency Contact:

_____ Phone _____