

## 2011 HIGHLAND COUGAR ALL-STAR BASKETBALL CAMP

### **SESSION I - GIRLS**

Girls entering 9<sup>th</sup> & 10<sup>th</sup> Grade

Date: June 27-30

Time: 9:00 a.m. - Noon  
(\$65/Camper)

### **SESSION II - BOYS**

Boys entering 9<sup>th</sup> & 10<sup>th</sup> Grade

Date: June 27-30

Time: 1:00 – 4:00 p.m.  
(\$65/Camper)

These camps offer a unique opportunity for you to compete against the other top 9<sup>th</sup> & 10<sup>th</sup> graders in the Midwest. Our coaches will provide as much game experience and instruction as possible during the week. We believe it will be an exciting, intense and fun week of competition. If you want to get better, you must play against the best. This is your opportunity to compete against the other top players in your grade.

## CAMP FEATURES

Pete Norman, Camp Director  
Highland Community College

- Intense game competition against the best 9<sup>th</sup> & 10<sup>th</sup> graders in Northern IL, Southern WI and Western IA
- Individual evaluation reports will be given to each camper at the conclusion of the camp
- Camp T-shirt
- Championship league play and tournament
- Individual instruction from the team coach (some of the top high school coaches and players in Northern Illinois)
- Group instruction from Coach Pete Norman
- Special camp team and individual awards

## 2011 HIGHLAND COUGAR ALL-STAR BASKETBALL CAMP REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_  Fresh  Soph

High School \_\_\_\_\_

T-Shirts:  S  M  L  XL

SESSION I (Girls)  SESSION II (Boys)

**PARENTAL AGREEMENT:** I hereby request that you enroll my child \_\_\_\_\_ in the 2011 Highland College Sports Camps. I hereby release the HCC Board of Trustees and its employees of all claims on account of any injuries sustained by my child while attending the 2011 Sports Camps. Additionally, I agree to indemnify The HCC Board of Trustees and its employees for any claim that my hereafter be presented by my child as a result of such injuries.

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

Checks Payable to: Highland Athletics  
Mail to: Highland College, Attn: Pete Norman  
2998 W. Pearl City Road, Freeport, IL 61032

For more information call:  
(815) 599-3465  
E-mail: pete.norman@highland.edu