

Basketball Camp

Hastings Recreation Department

AT HASTINGS HIGH SCHOOL GYM

JULY 17TH - JULY 21ST

9:00AM - 2:45PM

FOR AGES 9-14 YEARS OLD

\$175 FOR THE WEEK

The camp will focus on teaching the fundamentals of the game of basketball including: Shooting, passing, dribbling, defense and rebounding. Station and drill work, combined with league play and skills competitions will make for a fun and exciting learning experience.

Typical Day

9:00-9:15AM warm-up

9:15-10:15AM Drill and Station Work

10:15-10:45AM Team Practice

10:45-11:45AM Full Court Games/League Play

11:45-12:30PM Lunch

12:30-1:30PM Skills competitions/Shooting games

1:30-2:30PM Full Court Games/League Play

2:30-2:45PM Wrap-up/Dismissal



ABOUT THE CAMP DIRECTOR - STEVEN SCHULMAN

Schulman, a resident of Hastings, brings his 27 years of College basketball experience to the Hastings Basketball Camp. He has spent the last 17 years serving as the Head Coach of Lehman College (Bronx, NY). While at Lehman he has amassed over 250 wins, been named the City University of New York Athletic Conference Coach of the year 3 times and is the All-Time Winningest Coach in Lehman College History. Prior to Lehman, Schulman spent 11 years as an Assistant Coach at Ithaca College, Elizabethtown College (PA) and at Binghamton University.

To Register online visit www.hastingsrecreation.org

Or Hastings Recreation Department 44 Main St

Make Checks Payable to Village of Hastings on Hudson

For more information, please contact Lisa O'Reilly 478-2380 ext 642

or email LOreilly@hastingsgov.org

Basketball Camp Summer 2017

Camper's Name _____ Grade in Fall '17: _____ Male or Female (Circle)

Parent/Guardian _____ DOB: ____/____/____

Address _____

Cell Phone _____ email _____

Emergency Contact _____ Phone _____

I approve of my child's participation in the camp. He/she is in good health and is able to participate in all camp activities. I agree to all conditions set forth in the brochure and approve of emergency medical care as determined by the camp instructors and emergency medical personnel called to the scene. I certify that all pertinent medical information has been provided on the medical profile that is part of registration. I further recognize that it is my responsibility to provide the appropriate medical relief equipment that is required to address the conditions listed on the medical profile below. In addition, I release the camp instructors from any and all liabilities for illness or injury incurred while participating in the camp.

Parent/Guardian Signature: _____ Date: _____