



2010 NORTHERN VERMONT HOOP CAMP

June 20-June 25, Residential Camp for Boys grades 4-12

(Full Day: 9:00 am – 8:00 pm option available)

CAMP DIRECTOR:



***Michael Osborne
Head Men's Basketball Coach
Johnson State College***

Osborne recently completed his fifth season as the Head Coach at Johnson State College. The Badgers qualified for the North Atlantic Conference playoffs for the third consecutive season under Coach Osborne's leadership in 2009-10. Prior to JSC, he was the assistant coach for a season at Central Maine Community College (CMCC) in Auburn, ME.

The Northern Vermont Hoop Camp has more than doubled in size since Coach Osborne re-established a summer basketball camp at Johnson State. Osborne has worked many camps and clinics over the last 15 years including: St. Michael's Basketball Camp, various specialty camps at CMCC such as their Elite Camp, Point Guard Camp, and Wing Play Camp, Vermont Hoop Camp, JSC Small Fry Clinic, as well as working as an individual and team instructor while in Maine.

Osborne, who earned a B.S Health Sciences/Physical Education from JSC, possesses great enthusiasm and passion to teach and lead and takes great pride in cultivating relationships with young people.

CAMP INFORMATION:

Our Staff:

In addition to the Johnson State College coaches, the staff will include members of the Johnson State College men's basketball team and other current and former collegiate basketball players and coaches.

Times:

The full-day option runs from 9:00 am-8:30 pm. Any child dropped off before 8:30am or picked-up later than 9:00 pm will be subject to an additional fee. Final games and awards ceremony will be held on the last day of camp:

Fees:

The residential camp is \$395 per week. The full-day option is \$295 per week. Multiple child discounts are available. ALL FEES ARE DUE WITH REGISTRATION. Please make all checks payable to Johnson State College Men's Basketball.

Meals:

Residential campers are provided three meals per day at the Johnson State College Dining Hall. Full-day campers are provided lunch and dinner. Meals are available on a cash basis at the dining facility for parents wishing to eat with their children.

Housing:

Roommate requests are available and must be requested by both families. We will attempt to satisfy all requests, but roommate choices cannot be guaranteed.

Registration/Information:

Mail the attached registration form, with fees, to:
Northern Vermont Hoop Camp
Johnson State College
337 College Hill
Johnson, VT 05656

For more information call 802-635-1470 or email us at michael.osborne@jsc.vsc.edu

CAMP HIGHLIGHTS:***Facilities:***

Includes two gymnasiums with 4 indoor courts plus:

Indoor Pool
Locker Rooms
Training Room
Weight Room

Instruction:**Evaluation:**

On Sunday, campers will be evaluated and placed on teams according to age, size, and ability.

Lectures:

Daily lectures by college coaches and players on a wide variety of topics.

Games:

Campers will play games daily.

Drills:

Campers will participate in small-group stations that will include offensive, defensive, rebounding, and transition skills daily.

Swimming:

Campers will be able to swim throughout the week at specified times.

Report Cards:

At the end of the week, campers will receive a summary of their performance during the week of camp. This includes positive feedback and suggested drills and/or areas to improve on.

Extras:

JSC Basketball
Camp T-Shirt
Camp Awards

AN EXAMPLE DAILY SCHEDULE:

AM	7:00	Wake Up Call
	7:00-8:30	Breakfast
	8:30-9:00	Open Gym/Day Campers Arrive
	9:00-9:15	Roll Call/Stretch and Warm Ups
	9:15-9:30	Fastbreak Drill
	9:30-10:30	Individual Improvement – Skills and Drills
	10:30-11:00	Team Practice
	11:00-12:00	5-on-5 Games
PM	12:00-1:30	Pool Time/Lunch/Rest and Relaxation
	1:30-2:00	Open Gym
	2:00-2:30	Lecture/Demonstrations
	2:30-3:30	Contests (1 on 1, Foul Shooting, Beat The Coach, Hot Shot, Knockout, 3 Point Shooting, Two Ball, and others)
	3:30-4:30	Individual Improvement – Skills and Drills
	4:30-6:00	Dinner/Rest and Relaxation
	6:00-6:30	Open Gym
	6:30-6:45	Team Practice
	6:45-7:45	5-on-5 Games
	7:45-8:00	Final Word/Day Campers Depart
	8:30	To Residence Halls/Movies
	10:30	Lights Out

Arrival and check in for **ALL** campers will be 5:30-6:30 on Sunday. Dinner will not be served therefore campers should eat before arrival at camp. There will be a pizza party at 8:30 pm.

All campers will be evaluated on Sunday, so come prepared to play.

Parents are invited to observe at any time.

APPLICATION AND TUITION FOR 2010 NORTHERN VERMONT HOOP CAMP

Name: _____
Parent or Guardian Name: _____
Street Address: _____
Town: _____ State: _____ Zip: _____
Home Phone: _____ Age @ Start Of Camp: _____ Birthday: _____
Email Address: _____
How did you hear about the camp? _____
Name of School: _____ Coach: _____
Grade Entering: _____
Circle Preferred Program: Overnight Camp (\$395) Full Day Camp (\$295)
Roommate(s): (If campers request each other as roommates, we will attempt to house them together. Otherwise, roommate choices cannot be guaranteed. There are a limited number of triple (3 in a room) rooms available).
Roommate Requested: _____
Absolutely NO SWITCHING rooms during registration.
Amount Due: _____
(Payment in full required upon check-in: Please make checks payable to Johnson State College Men's Basketball)
Method of Payment: (Registrations with credit card payments may be faxed to 802-635-1497)
_____ Check _____ Visa _____ Mastercard
Name as shown on card: _____
Card #: _____ Exp. Date: _____
Signature of card holder: _____

PARENTAL CONSENT FORM

All areas of this form must be completed prior to camp participation
This completed form will enable Johnson State College's staff to provide prompt care to your minor son or daughter.
Camper's Name: _____
Birth date: _____
Guardian's Name: _____
Allergic Reactions: (Drugs, food, asthma, etc) YES – NO (Please circle)
If yes, please describe: _____
Medications: _____
Date of last tetanus: _____
In Case of Emergency
Father-Home Phone: _____ Father-Work Phone: _____
Mother-Home Phone: _____ Mother-Work Phone: _____
Other Emergency Number (List person to contact): _____
Medical Insurance Company: _____ Policy#: _____
Name of Policy Holder: _____
Any addition instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as guardian(s) of (Camper's Name) _____ understand that basketball is an active, physical sport, and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child can't receive individualized attention and supervision all the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in basketball and camp activities.

I/We represent that I/We have sought the opinion of our child's pediatrician, (Name of Camper's Physician) _____ and he concurs that, (Camper's Name) _____ is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/We are confident that he/she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Johnson State College, its staff, officers, agents, employees, representative, successors, and assignor and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian _____ **Date:** _____