

Camosun College Chargers Men's Basketball Player Identification Camp

Friday, April 19th to Saturday, April 20th
Pacific Institute for Sports Excellence, Camosun College Interurban Campus
(4371 Interurban Rd)

PURPOSE:

To identify possible Chargers Men's Basketball Prospects for both the 2012-2013 and 2013-2014 seasons.

WHY SHOULD YOU ATTEND:

The Chargers Men's Basketball Program has the potential to develop into one of the top college teams in the country. With continuing successful seasons and a world class training facility, it is an exciting time to join the Camosun Chargers program!

WHO IS INVITED:

Any present grade 12 high-school player and any other male athlete with playing eligibility remaining.

WHEN TO ATTEND:

Friday, April 19 (4:00pm-8:00pm)

positional drills, individual offence and defence drills, 2 on 2, 3 on 3 drills, scrimmage

Saturday, April 20(10:00am-12:00noon)

fullcourt drills, 3 on 3, 4 on 4, full scrimmage

Saturday, April 20 (1:00pm-4:00pm)

full scrimmage and question/answer period about the Camosun program

COST:

NONE! Just bring your basketball shoes, your ball and a lunch!

WHAT DO YOU NEED TO DO:

Complete the registration form and email or mail the information before WEDNESDAY, APRIL 17 to:

Scot Cuachon- Head Coach, Camosun College Chargers Men's Basketball

1661 Fell St. Victoria, BC V8R4V9 Email: scotcuachon@gmail.com

FOR MORE INFORMATION, PLEASE CONTACT HEAD COACH SCOT CUACHON:

Tel: 250-661-7597

Email: scotcuachon@gmail.com

HOTEL ACCOMMODATION:

Contact the Accent Inns in Victoria for accommodation. Accent Inns is the official host hotel of the Camosun College Chargers and offers a special rate of \$82/nt + taxes until April 30, 2013 for events associated with the Chargers. Call now as availability may be limited.

Accent Inns Victoria

3233 Maple St.

Tel: 1-800-663-0298 or 250-475-7500

When booking, please quote **Camosun ID Camp** to receive the special rate.

Camosun College Chargers Men's Basketball Player Identification Camp PLAYER REGISTRATION FORM

Name:	School:	Grade:
Home Address:		Height:
Home Phone:	Cell Phone:	Email:
Coach's Name:		Coach's Phone:
Coach's Email:	Preferred Position:	
athlete named above is in go I hereby authorize the direct act for me according to their I hereby agree not to sue and Identification Camp, Camoso and all liability which may ar and while travelling to and for incurred due to my child's ill	tion in basketball and competitive at good health and that he is able to part fors and instructors of the Chargers Not best judgment in any emergency red d to waive the coaches and the direct an College, the PISE facility and Board ise from my child's participation in the from these events. I acknowledge I are the ness or injury during his participation to baches' reasonable rules and instruct	ctors of the Chargers Men's Basketball of and any guest coaches or presenters from any this program, including playing in the sessions m responsible for any and all medical expenses
PARENT / GUARDIAN / ATHL	ETE (if over 19) SIGNATURE	CHAKGERS
DATE		