2019 Mini Ballers Camp

July 8th – 10th 9AM to 12PM

The Mini Ballers camp is designed to introduce the basics of both basketball and volleyball to beginning athletes. It is open to both boys and girls entering grades K through 4. We will spend the first 90 minutes going over the fundamental concepts of volleyball. After a short break, the remaining 90 minutes will focus on important basketball skills for youth athletes.

The Belgrade High School girls basketball and volleyball coaching staffs will be running the camp and will be assisted by returning upperclassmen in the Belgrade girls basketball and volleyball programs.

Note: This camp is intended for boy and girls entering grades K - 4. If you have a son or daughter entering grades 5 - 12, please check out our middle- and high-school level camps at Belgrade High School using the summer camps website link.

Cost: $40/child
Please make checks payable to Jessica Christensen and mail to 103 Scott Dr. Bozeman, Mt 59718

Location: Camp will be held at Belgrade Special Events Center. Registration will be open for 30 minutes prior to the first day of each camp. We do take on-site registrations!

Prizes! Daily prizes will be awarded to campers based on both skill competitions and following instructions. We will also provide a snack each day.

What to Bring: Each camper should wear a t-shirt, shorts or spandex, proper gym shoes and should also bring a water bottle.

Feel free to contact Jessica Christensen @ (307)389-6339 or jchristensen@bsd44.org

Name: __________________________________ Address: __________________________________

E-mail (parent): ______________________ Phone Number(parent): ______________________

Fall 2019 Grade: _____ I understand by the nature of the activity there is the possibility of accident and assume the risk and responsibility while attending the Mini Ballers Camp. I, as the parent/guardian of a minor student, permit emergency care to be administered to her as deemed necessary by the BHS Coaches. I will allow the involved hospital and/or doctor to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility and that BHS does not have insurance coverage for injuries to sport camp participants.

Parent/Guardian Name: ___________________ Parent/Guardian Signature: ___________________

Emergency Contact: _____________________ Phone Number: ______________ Date: __________ Special Medical Concerns/Allergies: __________________________ Circle one: My son/daughter (is/is not) willing to be a part of media/pictures/promotional items for the camp.