Coed Youth Basketball Camp
Get in the gym with the Nicolet Varsity Coaches Allan Hanson and Megan Lund. This is a 4-day co-ed camp that focuses on developing the complete player. You will develop shooting, ball handling, passing, footwork, defense, rebounding, athleticism, character development, and other essential skills to become a great basketball player. It will be fun and intense!

Date: June 11 - 14
Day: Monday - Thursday
Location: Nicolet High School - Gym 1
Fee: $50.00R/$60.00NR
Min/Max: 12/50
Instructor: NHS Girls Basketball Coaching Staff

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<th>Time:</th>
<th>Program:</th>
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<td>6th - 8th</td>
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Youth Boys Basketball Camp
Participate in drills simulating the most common situations in a typical basketball game. Learn and practice the fundamentals of offense, defense, and team work. Participants will be divided among grade level. Instructed by Al Hanson, NHS Head Boys Basketball Coach and his assistants.

Date: July 9 - 12
Day: Monday - Thursday
Location: Nicolet High School - Gym 1
Fee: $50.00R/$60.00NR
Min/Max: 12/50
Instructor: NHS Boys Basketball Coaching Staff

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Nicolet Girls Youth Basketball Camp
Coach Lund, guest coaches, and camp counselors spend 90 minutes for 4 days with your young athlete(s) as we help each individual improve basketball skills, gain a better knowledge of the game, and build confidence and a positive mindset. Get ready to improve your game and have some serious fun!

Date: July 16 - 19
Day: Monday - Thursday
Location: Nicolet High School - Gym 1
Fee: $50.00R/$60.00NR
Min/Max: 12/50
Instructor: NHS Girls Basketball Coaching Staff

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register with:
Registration Form

Household Information: Date:__________________________  Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may incur or sustain as a result of participating in any and/or all activities associated with or connected with such a program. I agree to exonerate and release the Nicolet Recreational Department, Nicolet High School and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which my child may incur or may have as a result of participating in any and/or all activities associated with or connected with such a program. I further agree to indemnify and hold harmless the Nicolet Recreational Department, Nicolet High School and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which my child may incur or may have as a result of participating in any and/or all activities associated with or connected with such a program. I have read and fully understand the above program details and waiver and release of all claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are agreeing that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understood that my child cannot return to practice/play until providing written clearance from an appropriate health care provider. I understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coach and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider before being cleared to practice/play. I understand the possible consequences of returning to practice/play too soon. I hereby certify that my child/children is/are eligible for the reduced fee school meal program.”

Signature____________________________________________________________  Date_______________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature _________________________________________________________

Name | Sex | Birthdate | Grade | Program# | Program Name | Fee

Subtotal Fee:______________________

Less Reduced Fee:_________________

Total:____________________________

Cash ___ Check ___ / #_____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date_________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name____________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box