



Holiday Basketball Camp

For boys and girls in grades 4 – 8

December 27-29, 2011

North Heights Church

Arden Hills

Who: Camp is open to boys and girls traveling or in-house players of all skill levels in grades 4-8.

Times:

GRADES 4-6: 10:00am-12:30 pm
GRADES 7-8: 1:00pm-3:30pm

Cost: \$65

Friend discount available: Sign up with a friend and each pay \$50!

PRE-REGISTRATION is available online at www.minnesotaheat.net (preferred choice).

ONSITE REGISTRATION will be available the first day of camp.

SEND REGISTRATION TO:
Minnesota Heat Winter Camp,
c/o Willie Vang, 2226 Pleasantview Drive New Brighton, MN 55112

The camp will be run by Heat coaches and former players.

Camp Philosophy:

We want to provide an opportunity for students to improve their skills over winter break. This camp will have a heavy emphasis on fundamentals through station work, plus consistent teaching in 3 on 3 and 5 on 5 games.

We will offer a challenging but enjoyable environment, a combination that will provide players with maximum skill development.

Heat Mission Statement:

To develop players who know how to play the game of basketball the right way. We do this by emphasizing basketball fundamentals and defense, skills too often disregarded in spring basketball. We strive to create a competitive environment where every player can improve through testing their physical skills and mental toughness.

Daily Schedule:

FIVE 20 MINUTE STATIONS:

Ballhandling, shooting, post moves, perimeter moves, speed+strength

CONTEST OF THE DAY:

Will include, Larry Bird drill, Lightening, Hot Shot

3 ON 3 GAMES:

With emphasis on learning how to play the game—no dribble, shots must come from paint etc.

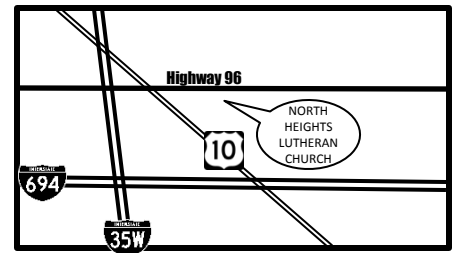
5 ON 5 GAMES

NORTH HEIGHTS LUTHERAN CHURCH

1700 Highway 96 West, Arden Hills

DIRECTIONS:

35W to 96, east approximately 1/2 mile to North Heights Lutheran Church entrance.



Every participant will receive a Heat Camp T-Shirt. QUESTIONS: Contact Willie Vang at mnheathoops@gmail.com.



Minnesota Heat Holiday Basketball Camp Registration:

Player Name: _____ Parent Names: _____

Address: _____

Email Address: _____ Phone number: _____

Current Grade: 4 5 6 7 8 T-Shirt size (adult sizes, circle one): S M L XL

Emergency contact: Name: _____ Phone Number: _____

Any medical conditions? _____

Waiver:

In case of emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and anesthesia for my child. I will be financially responsible for all medical claims for my child. A recent physical examination for my child indicates no reason he/she should not participate in activities at the camp. Additionally I agree to release Minnesota Heat Hoops Inc and all participating school districts and gym sites of all liability related to accidents during the Heat Basketball camp.

Parent/Guardian Signature _____