

# 2020 GREATER CINCINNATI SUMMER BASKETBALL SKILLS CAMP

CAMP TO BE HELD AT LANDMARK SPORTS COMPLEX 1600 GLENDALE MILFORD RD.



Sweat Mastery Ambition Repetition Technique Everyday Results

Camp #1  
Camp #2

July 20-23 (9:00-3:30)  
Aug 3-6 (9:00 – 3:30)

Grades 4 & Up  
Grades 4 & Up

(Based on 2020-21 School Year)

**COST PER SESSION \$125**

## CAMP INSTRUCTORS:

**Kevin Duncan** – Kevin (Air Kev) has been training / coaching for over 25 yrs. And has been certified with Micah Lancaster for 4 yrs. (I'm Possible Training) He has trained players throughout Ohio and several other states, and players from countries like Denmark, Switzerland, Chile and Israel. Kevin has also worked the Cav's Academy, former NBA player Derek Anderson's camps, and the Luke Kennard (Detroit Pistons) Overnight summer camps.

**Josh Havens** – Josh has been coaching 23 yrs., 17 as a varsity assistant and head coach. He has been coaching youth and AAU basketball for 19 yrs. Josh was an All-City player at Lockland and went on to be a three year player at Berea College in Ky.

CAMPERS' NAME	_____	PHONE:	_____	WEEK:	_____
EMAIL:	_____	GRADE:	_____	SESSION:	_____
EMERGENCY CONTACT:	_____	PHONE:	_____		

## CAMP FEATURES:

- \* **Individual instruction on fundamentals of basketball including ball handling, passing, shooting and footwork.**
- \* **Individual skill and game enhancement including moving without the basketball; cutting & screening.**
- \* **Camp t-shirt**
- \* **Closed bottle drink will be provided each day for lunch, but due to the COVID-19 restrictions campers will need bring their own lunches.**
- \* **Campers will need to bring their own basketball and water bottles to camp. No water coolers will be available.**

## \*\*\* WAIVER FOR PARTICIPANTS \*\*\*

In consideration of you accepting this application, I hereby, for myself and my child waive and release any and all rights and claims for damage I or my child may have against the Southwestern Ohio Basketball staff and its representatives for any and all injuries suffered by my child. I consent to allow my child to receive necessary medical treatment for injuries incurred while attending the camp.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEND REGISTRATION TO:**

**SW Ohio Basketball  
1860 Garrett House Ln.  
Fairfield, OH 45014  
Make checks payable to "Southwestern Ohio Basketball"**

**[WWW.SWOHIOSPORTS.COM](http://WWW.SWOHIOSPORTS.COM)**