

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: June 12 - 15
Day: Monday - Thursday
Location: Nicolet High School - Gym 1
Fee: \$40.00R/\$50.00NR
Min/Max: 12/50
Instructor: NHS Girls Basketball Coaching Staff

Session:	Grade:	Time:	Program:
I	3rd - 5th	9:00 - 10:30am	311055-01
II	6th - 8th	10:30am - 12noon	311055-02

High School Girls Basketball Camp

Coach Lund and various coaches from around the state who have been successful at various levels of play are here to work with athletes ready to take their game to the next level. Athletes will improve individual and team skills in all areas of the game. They will develop mindset, physicality, skill/coordination, while building confidence, teamwork and work ethic. It will be an intense and FUN learning environment!

Date: July 17 - 20
Day: Monday - Thursday
Time: 9:00am - 12:00pm
Location: Nicolet High School - Gym 1
Grade: 9th - 12th (as of Fall 2017)
Fee: \$30.00R/\$40.00NR
Min/Max: 12/50
Program#: 311053-01
Instructor: NHS Girls Basketball Coaching Staff

**Private basketball individual or small group private lessons also available.
For more information please call Megan Lund at (920) 379-6980**

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 24 - 27
Day: Monday - Thursday
Time: 9:00am - 12:00noon
Location: Nicolet High School - Gym 1
Grade: 3rd - 9th (as of Fall 2017)
Fee: \$75.00R/\$85.00NR
Min/Max: 12/50
Program#: 311050-01
Instructor: NHS Boys Basketball Coaching Staff



register with:



Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us



On-line registration: <https://rec.nicolet.k12.wi.us>

Registration Form



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Nicolet Recreation

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.

Name	Sex	Birthdate	Grade	Program#	Program Name	Fee

<p>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"</p> <p>Signature _____</p>	<p>Subtotal Fee: _____</p> <p>Less Reduced Fee: _____</p> <p>Total: _____</p>
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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 I/my child may ward or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to waive and relinquish all claims I/my child may ward or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I do hereby fully release and discharge the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I/my child may ward or may have or which may accrue to me/them on account of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me/them and arising out of, connected with, or in any way associated with the activities of this 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 as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating 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 agree 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 understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. 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 coaches 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 to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

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

Credit Card ___ MasterCard ___ Visa ___ Expiration Date _____

Card number _____ - _____ - _____ - _____

Cardholder Name _____

Signature _____ Date _____

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

