

## **Camp Features:**

- *A fun & focused learning environment*
- *Emphasis on fundamentals and repetition*
- *Individual, small group and team concept instruction*
- *Quickness, agility & conditioning work*
- *Small Group and Team Competitions*
- **Apollo Basketball Camp t-shirts for each camper**
- **Maximum interaction with current Apollo basketball players and coaches**
- **Prizes and awards**



**Apollo High School**

2280 Tamarack Rd  
Owensboro, KY 42301

Phone (270) 852-7100

e-mail: [steve.sergeant@daviess.kyschools.us](mailto:steve.sergeant@daviess.kyschools.us)



**2011  
Apollo BASKETBALL  
CAMP**

**Boys - Grades 3-8**

**Dates:** July 11-14

**All camp sessions:** 9AM-Noon

**Camp Fee:** \$50 / session



**Dear Camper:**

The Apollo Basketball Camp is an exciting opportunity to learn and improve your basketball skills. If you are a player that is just beginning to learn, or one with some experience, this week has something to offer you.

The Apollo coaching staff and its returning players will work with you to make you a better basketball player. More important, however, we will show you things that you can work on in your own time that will continue to help you improve your game.

We are looking forward to a fun and exciting week of basketball camp!

Sincerely,

Coach Sergeant

**INDIVIDUAL INSTRUCTION**

---

1. **Shooting** – Catch and shoot, shoot off the move and attacking the basket
2. **Passing** – left and right hand techniques, leading cutters, and fast break advancing
3. **Dribbling** – Crossover, reverse (spin) dribble, rocker step and speed dribbling

4. **Offensive movement** without the ball
5. **Team Defense** – help and recover, midline away from the ball
6. **Team Offense** – spacing, cutting and pick and roll

## SMALL GROUP INSTRUCTION

---

1. 2 on 2 full and half court situations
2. 3 on 3 full and half court situations
3. 4 on 4 half court situations (ball and player movement)

### Apollo Basketball Camp Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Session to attend: \_\_\_\_\_

I give my son/daughter permission to participate in the Apollo Basketball Camp and will not hold the school or its staff responsible for any accident or injury to my child.

Signed (parent/guardian): \_\_\_\_\_

I hereby consent to allow my child \_\_\_\_\_ to receive any necessary medical treatment for any condition or injury suffered while attending Apollo Basketball Camp. I understand that I will be responsible for any expenses incurred on my child's behalf in connection with such treatment.

Signed (parent/guardian): \_\_\_\_\_

Make checks payable to: Apollo Basketball Camp

c/o Steve Sergeant Send camp fess to: 2280 Tamarack Road Owensboro, KY 42301 Phone: (270) 852-7100

E-mail: [steve.sergeant@daviess.kyschools.us](mailto:steve.sergeant@daviess.kyschools.us)