



SENECA VALLEY BOYS' BASKETBALL CAMP – 2024



DATES / SITE: Mon – Thurs June 10 – 13 / SENECA VALLEY SENIOR HS GYM

TIME / COST: 8:30 a.m. to 12:00 p.m. / \$130 per camper – cost includes a BASKETBALL & T-SHIRT

GRADES: BOYS ENTERING GRADES 3 – 8 IN THE FALL OF 2024

DIRECTOR: KEVIN TROST HEAD BASKETBALL COACH
Phone: 412-952-7899 E-Mail: Kevin352@verizon.net

CAMP FEATURES

- * **STATIONS** – Shooting, Ball Handling, Passing, Rebounding, Defense
- * **SHOOTING** – Elbows, Lay-ups, Foot Work, X-Outs, Around the World
- * **BALL HANDLING** – Stationary, On the move, 2-Ball Dribbling
- * **PASSING** – Chest Pass, Bounce Pass, 3 Man Weave, 5 Man Weave
- * **REBOUNDING** – Box Out Fundamentals
- * **LEAGUE PLAY** – 2 Games a Day, League Champions
- * **COMPETITIONS** – Free Throws, Hot Shot, Knockout, 1 on 1, 2 on 2, 3 on 3
- * **HUSTLER OF THE WEEK** – Attends camp next year for **“FREE”**

DAILY SCHEDULE

8:30	Group Ball Handling
9:00	Offensive and defensive stations
9:30	League play
10:30	Competitions
11:00	League play
12:00	Dismissal

Checks payable to: **SVBBB**
 Mail to: **Kevin Trost, 468 Crescent Blvd Ext, Crescent, PA, 15046**



Seneca Valley Boys' Basketball Camp – 2024

“This is not a Seneca Valley School District sponsored event”

First Name

Last Name

T-Shirt Size: YS, YM, YL
S, M, L, XL

Grade in Fall 2024

Email Address

Phone #

Parent(s)/Guardian(s) Camp Release Form

I hereby approve of my son's attendance and participation in the Seneca Valley Boys' Basketball Camp. I certify that he is in good health and able to participate in all activities. If you are unable to reach me, I authorize the directors to act on my behalf according to their best judgment in any emergency requiring medical attention for which service I will pay. I hereby waive and forever release Seneca Valley Boys' Basketball Boosters, its officers, and the camp staff from all liability for any injuries or illnesses incurred while at the camp. Please attach a note explaining any physical limitations, medical conditions, and/or required medication.

Signature of Parent/Guardian

Date Signed