



# NORWELL KNIGHTS SUMMER BOYS' BASKETBALL CAMP



## June 21-24, 2021

The Norwell High School Coaching Staff and Players are planning an outstanding program for your son this summer. The objective of the program is to teach basic fundamental skills and the desire to become a Norwell Knight Basketball Player!

**What:** 2021 Summer Boys' Basketball Camp  
**Who:** Any boy in **grades 1-6 (2021-22 School Year)**  
**Where:** Camp to be held in the Auxiliary Gym at Norwell High School

Sectional Champions  
1972, 1973, 1975, 1978, 1980, 1981,  
1983, 1988, 1995, 2011, 2012, 2013,  
2014, 2020

**When:** **June 21-24:**                   **Grades 1-3: 8:00-9:00**  
   **Grades 4-6: 9:15-10:30**

Regional Champions  
1973, 1988, 2012

Semi-State Champions  
2012

**Cost:**                   **\$40 for one camper/family; \$30 for each additional camper/family**  
                                  • Cost covers T-shirt, a Basketball, awards, and one great week of instruction and fun!

**Wear:**                   Basketball shoes, socks, t-shirt, and shorts  
                                  **\*Bring own water bottle with name on due to Covid protocols!**

**Make checks payable to NORWELL BOYS BASKETBALL.** Please send registration form and payment to Norwell High school, Coach Mike McBride 1100 E. U.S. 224, Ossian, IN 46777. Email Coach McBride at [Michael.McBride@nwcs.k12.in.us](mailto:Michael.McBride@nwcs.k12.in.us) with any further questions.

**Deadline for registration is Mon., June 14, 2021**

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### NORWELL KNIGHTS BOYS' BASKETBALL CAMP 2021

Participant's Name: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

Grade (**21-22** school year): \_\_\_\_\_

Player Shirt Size (circle one):           Youth – **S**   **M**   **L**                   Adult – **S**   **M**   **L**   **XL**

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

I hereby give my son permission to take part in the Norwell Basketball Workouts. I will not hold the director of the workouts, coaching staff, or Northern Wells Community Schools liable for any injuries that might occur. I also certify that my son has no injury that might limit his participation in the camp. I, the parent or guardian, do hereby delegate the Norwell Basketball Workout Director the authority to seek, obtain, and approve medical care and treatment for the named minor. Also, I acknowledge insurance to cover such injury.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_