



Wheaton College

For Christ and His Kingdom

Basketball Camp
501 College Ave.
Wheaton, IL 60187

Please send the completed application to the above address.

2008 WHEATON COLLEGE BASKETBALL CAMP



Coaching Staff

Wheaton College Basketball Camp is staffed by outstanding collegiate and high school coaches who share the philosophy of the camp. These coaches are accomplished instructors in the game of basketball and also desire to integrate the Christian faith with athletics. They are recruited nationally as well as from the local area.

(Above Photo: Bill Harris, Camp Director and Wheaton College Head Basketball Coach)

Facilities

Campers are provided with the excellent facilities of Wheaton College. King Arena and Eckert Recreation Center are both utilized. Meals are provided in the beautiful environs of Anderson Commons. Chrouser Fitness Center provides an Olympic-size indoor pool, and housing will be in the well-equipped Wheaton College residence halls.

Character through Basketball

The summer of 2008 provides the 42nd session of Wheaton College Basketball Camp. From its inception under Lee Pfund to its current direction under Bill Harris, Wheaton Basketball Camp has placed an emphasis on the teaching of the fundamentals of the game and the teaching of character development. Over 9,800 young men and women have benefited from Wheaton basketball camps.

Philosophy

Wheaton College Basketball Camp seeks to provide excellent instruction in the fundamentals of offensive and defensive basketball while providing an understanding and practical application of the sport. This is done within the context of Christian character development and sportsmanship.

Daily Schedule

Morning

- 7:00 Wake-up/Clean rooms
- 7:30 Breakfast
- 8:00 Individual instruction/Open gym
- 8:30 Huddle time
- 8:45 Stretching
- 9:00 Station work on fundamentals
- 10:15 Break/Canteen open
- 10:45 Competitive shooting games
- 11:15 Free throw competition
- 11:45 Lunch

Afternoon

- 12:30 Individual instruction/Open gym
- 1:00 Coaches' instruction sessions
- 2:00 League play/Canteen open
- 5:15 Dinner
- 6:00 Video/Films
- 7:00 League play/Canteen open
- 8:45 Swimming/Recreation

What to Bring

Resident campers need:

- basketball shoes
- gym shorts
- t-shirts
- sweat socks
- swim suit/towel
- personal hygiene items
- spending money

Please note:

Campers should also bring linens or a sleeping bag. There is a \$20 deposit for room key. This deposit is refunded upon return of the key.



Registration

Name _____

Address _____

City/State/Zip _____

Phone(s) _____

Emergency contact _____

Emergency Phone(s) _____

School _____ Grade (Fall '08) _____

Height/Weight _____ Age _____ Sex _____

Previous Wheaton Camp _____

Roommate preference _____

Please indicate your choice in order of preference (enrollment is limited; applications will be considered in order received). There is no guarantee that roommate preference can be accommodated. Remember to bring linens or sleeping bag.

Day Camp 6-10th Grade Boys and Girls:

- | | | |
|---|-----------------------|----------------------|
| <input type="checkbox"/> June 23-27 (9 a.m.-1 p.m.) | Before April 1: \$165 | After April 1: \$185 |
| Arrival: 8:00 - 9:00 a.m., Monday, June 23 | | |
| Daily: 9:00 a.m., Tuesday-Friday | | |

Residential Camp 6-10th Grade Boys:

- | | | |
|---|-----------------------|----------------------|
| <input type="checkbox"/> June 9-13 | Before April 1: \$450 | After April 1: \$490 |
| <input type="checkbox"/> June 16-20 (check one) | \$450 | \$490 |
| Arrival: 8:00 - 9:30 a.m., Monday | | |
| Departure: 11:00 a.m. - noon, Friday | | |

A nonrefundable \$100 deposit may be made to reserve placement (\$50 for Day Camp); however, tuition must be paid in full or postmarked by April 1 in order to receive the reduced rate. There are no refunds once a camp has begun. Make checks payable to: Wheaton Basketball Camp

Medical History (to be completed by parent)

Is there a known history of: (if yes, explain) **Y N**

- | | | |
|---|--------------------------|--------------------------|
| A. Birth deformities | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Medical conditions currently under treatment | <input type="checkbox"/> | <input type="checkbox"/> |

Continued on next panel.

- | | | |
|--|--------------------------|--------------------------|
| C. Pre-existing injury currently under treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Fractures or other disability-type injuries | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Allergies (drugs, food, asthma, and so on) | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Mental disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Past illness more than one-week duration | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Contact lenses or glasses | <input type="checkbox"/> | <input type="checkbox"/> |

Physician's Statement

(or copy of school/athletic physical—within 24 months of date of camp)

Health form required in order to participate.

I certify that I have examined and found him/her physically fit to attend and participate in the Basketball Camp. I know of no impairments which would limit his/her participation in all camp activities.

Date of last tetanus immunization _____

Physician's signature _____

Address _____

Phone _____ Exam Date _____

Consent for Medical Treatment of a Minor

I, _____ declare that I am
(full name of parent/guardian)
 the father/mother/guardian of _____
(circle one) (full name of minor)

I hereby authorize the staff of the Wheaton College Basketball Camp, located in the City of Wheaton, County of DuPage, State of Illinois, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care necessitated by injury or illness while the above named child is attending the Wheaton College Basketball Camp. Such treatment is to be rendered to the minor under the general or special supervision and on the advice of a physician or surgeon licensed to practice in the State of Illinois. I hereby waive and release the camp from any and all liability for injuries or illness incurred while at the camp.

I hereby certify that I have read and fully understand this authorization.

Date _____

Signature _____

Insurance Co. _____

Policy # _____