



STEVE FORBES' BUCCANEER BASKETBALL CAMP

Hosted at ETSU

INDIVIDUAL CAMP

Monday, June 15 - Thursday, June 18

9:00am - 4:00pm

\$175

Individual Skills Camp is a 4-day camp for boys entering grades 3-9 that focuses on the fundamentals of the game to improve one's individual skills.



"We are excited for our 1st summer of Buccaneer Basketball Camps at ETSU. We hope you come out to enjoy a competitive and fun atmosphere with the Buccaneer coaches and student-athletes."

Steve Forbes
ETSU Head Men's
Basketball Coach

ELITE CAMP

Saturday, August 1

1:00pm - 5:00pm

\$40

Elite Camp is a 1-day camp for boys entering grade 8 and up that consists of challenging drill work and competitive games.



Gordon Ball Court



Brooks Gymnasium

REGISTER ONLINE TODAY!

www.etsubucs.com/fanzone/camps

Our camps are open to all entrants, and limited only by number, age, and/or gender.

CAMP APPLICATION

Name: _____ Age: _____ Grade (next fall): _____

Home address: _____

City/State/Zip: _____

School: _____

Parent cell: _____

Parent email: _____



Individual Skills Camp: June 15 -18 \$175 (Grades 3-9)



Elite Camp: August 1 \$40 (Grades 8 and up)

Return registration and check to:
Steve Forbes' Buccaneer Basketball Camp
P.O. Box 1772 Johnson City, TN 37605

Check Payable to:
Steve Forbes Basketball Camp, LLC

MEDICAL RELEASE FORM

REGISTER ONLINE TODAY!!

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I hereby authorize any medical treatment which may be advised/recommended by the attending physician while at East Tennessee State University. I acknowledge and understand that in participation in this camp, the possibility exists that my son may sustain physical illness/injury (minimal, serious, catastrophic) in connection with this camp. I indemnify and hold harmless East Tennessee State University as well as its representatives from any claims for personal illness or injury that my son may sustain during camp. I also give ETSU permission to utilize any photographs of my son for promotional use. If you have any questions, please call the Men's Basketball Office at (423) 439-4207.

Print name of Parent or legal guardian: _____ Signature of Parent or legal guardian: _____

Family health insurance company and policy number: _____

Emergency contact #: _____

Any allergies or other conditions that physician should be aware of? _____