



Footwork & Finishing in the Lane Camp



Date: Monday, July 29
Time: 9:00-12:00 pm (2nd-3rd grades)
9:00-4:00 pm (4th-12th grades)
Cost: \$40 (2nd-3rd)
\$80 (4th-12th)

Location:
Kolf Fieldhouse
785 High Ave
Oshkosh, WI

Camp Staff:
Camp will be worked by our UW-Oshkosh Men's Basketball Coaching staff along with current players.

Lunch:
For the campers staying the full-day, they can purchase lunch (pizza or subs), or bring their own lunch.

This camp will focus on footwork in a variety of areas of the game, and finishing in the lane. The best basketball players have great footwork and balance. In our program at UW-Oshkosh, we spend a lot of time working on the fundamentals of footwork and balance, both on the perimeter and in the lane. We also spend a great deal of time on finishing the basketball in the lane and around the basket. The most efficient shots in basketball are wide-open 3's, free-throws, and shots within 8 feet. This camp will teach a variety of ways to finish efficiently and effectively in the lane.

We will be utilizing video from our current team and other high level players to teach the footwork and finishing techniques.

Registration: Registration is available online at www.uwoshkoshsportscamps.com OR by mailing form on reverse side with payment. Walk-up registrations will also be accepted on July 29th.

Questions Contact:	Assistant Coach Casey Korn
kornc@uwosh.edu	(636) 359-9959



Footwork & Finishing in the Lane Camp

Camper's Name: _____

Address: _____

City: _____

St: _____ Zip: _____

Camper Cell Phone: _____

Camper Email: _____

Parent/s' or Guardian/s' Name: _____

Parent/s' or Guardian/s' Phone: _____

School: _____

Age: _____ Grade: _____

Shirt Size:

Youth M _____ Adult S _____ Adult XL _____

Youth L _____ Adult M _____ Adult XXL _____

Adult L _____

Insurance Company _____

Address _____

Policy Holder _____

Policy Number _____

I verify that my son has been checked by a licensed physician and is physically able to participate in this Sports Camp/ Clinic. I agree to allow my son to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of a claim. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Oshkosh, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my son in the course of the camp/clinic.

Parent/Guardian Signature _____

Parent/Guardian Name (Please print) _____

Mail Form and payment to:

UW-Oshkosh Sports Camps
Kolf Sports Center
800 Algoma Blvd.
Oshkosh, WI 54901

OR

Online Registration:
<https://mensbasketball.uwoshkoshsportscamps.com>

Checks Payable To:
UW-Oshkosh Sports Camps