



The 43rd Annual Rockhurst High School

CLINIC OF CHAMPIONS

WHERE: ROCKHURST HIGH SCHOOL, 9301 State Line Road, Kansas City, MO 64114

WHEN: 1st Session: June 1-4 (Monday-Thursday) 9 a.m. to Noon (Boys Only)
2nd Session: June 8-11 (Monday-Thursday) 9 a.m. to Noon (Boys Only)
WHO: Boys who have completed Grades 2-9 by June 2009 for Sessions 1 and 2

WHEN: 3rd Session: **ADVANCED CAMP**—Limited to the first 96 qualified players who register :
June 15-18 (Monday-Thursday) 9 a.m. to Noon (Boys)
WHO: Boys who have *completed* grades 6-9 in June 2009 and have attended Sessions 1, 2, or 3 this summer or the summer of 2008

CAMP DIRECTOR: **MARK NUSBAUM, head coach of the Rockhurst High School Hawklets**
--Just completed his 10th season as head coach with 202-83 record
--28 total years as a head coach with a 486-250 record
--9 trips to the state tournament, 5 final fours
--1 state championship, 1 second-place, 1 third-place, 2 fourth-places



DAILY ACTIVITIES: –Individual drills and instruction in offensive and defensive fundamentals
–Passing, dribbling, rebounding, shooting, 2 on 2, 3 on 3, 5 on 5
–Periods of skill competition for the individual
–Each camper plays at least 2 full court games each day, teams change daily
–Tabulation of individual statistics, individual and team awards each session

COST: A WEEK OF FUN, COMPETITION AND SOUND FUNDAMENTAL BASKETBALL INSTRUCTION: \$100

Cost includes: (1) Camp T-shirt
(2) Insurance coverage and
(3) Use of clinic equipment and facilities

CAMPERS: You must bring with you (1) a physician's statement of health OR parent's release (see registration blank below) and (2) basketball shoes, socks, and shorts. Be dressed and ready to play at 9 a.m. each day.

FOR EARLY REGISTRATION AND ADDITIONAL INFORMATION: CALL 816-363-2036 Ext. 140 (Rockhurst) or write: CLINIC OF CHAMPIONS (mail early registration form below to this address please)
c/o Mr. Mark Nusbaum
9301 State Line Road
Kansas City, MO 64114

APPLICATION FOR CLINIC OF CHAMPIONS BASKETBALL CAMP

Name _____ School _____ Grade completed June 2008 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent Day Phone _____ Age _____

Session Preferred: (check one): 1) _____ June 1-4 2) _____ June 8-11 3) _____ June 15-18 (Advanced: see prerequisites above)

_____ Enclosed \$100 Payment in full for one week _____ Enclosed is \$50 (\$20 refundable if full registration cannot be carried out/\$30 non-refundable registration) \$50 payable at registration

DOCTOR'S STATEMENT OR PARENT RELEASE REQUIRED WITH REGISTRATION

I find _____ physically fit for participation in summer basketball camp.

Date _____ Doctor's Signature: _____ Parent's Release: _____

REGISTER IN ADVANCE BY MAIL TO INSURE A POSITION IN K.C.'S MOST TRADITIONAL, LONG-LASTING BASKETBALL CAMP - NOW, 43 CONSECUTIVE YEARS