



**BOYS and GIRLS**



**AGES 6-15** are invited to attend the  
**2019 FALCON MARCH MADNESS**  
**BASKETBALL CAMP**

**\$60** for **THREE DAYS** of fun

**TUESDAY, April 16<sup>th</sup>**

**WEDNESDAY, April 17<sup>th</sup>**

**THURSDAY, April 18<sup>th</sup>**

**9 AM – 1 PM**

**IN THE FHS GYMNASIUM**

- **NO PRE-REGISTRATION NEEDED,  
JUST SHOW UP ON TUESDAY MORNING  
IN BASKETBALL GEAR**

**AND BE READY TO PLAY!**

- **INCLUDES TEAM COMPETITION AND  
INSTRUCTION IN THE FOLLOWING AREAS:**

<b>shooting</b>	<b>screening</b>	<b>passing</b>	<b>defense</b>
<b>1 on 1 moves</b>	<b>ball handling</b>	<b>rebounding</b>	<b>dribbling</b>

**QUESTIONS?? CONTACT COACH WAYNE BRIZZI**

Email: [wbrizzi@fcps1.org](mailto:wbrizzi@fcps1.org)

Phone: (540) 219-9862

# 2019 FALCON MARCH MADNESS BASKETBALL CAMP

## Registration Form

Please make checks payable to FHS Boosters

\$60 for 3 days of camp: 9 AM – 1 PM

Camper Name: \_\_\_\_\_

Shirt Size : \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

### PARENT/GUARDIAN AUTHORIZATION:

I hereby approve of my child's attendance of the Falcon Holiday Basketball Camp and verify that he/she is in good health and able to participate in the program activities. I authorize the sports medicine trainer and directors to act for me using their best judgment in an emergency requiring medical attention, for which service I agree to pay. *Please explain any special physical limitations and/or conditions requiring medication in the space provided below.*

PARENT SIGNATURE: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_

Other Information: