



# The House of Hoops & Cardinal Spring Break Basketball Camp



Session I: March 29 - April 2 (9am-4pm)  
Session II: April 5 - April 9 (9am-4pm)

**\$150 per week**

What will your child be doing during their Spring Vacation while you are away at work? Wouldn't you like to be at ease knowing that they are having a great time in a safe environment? Well, enroll them in The House of Hoops and Cardinal Spring Break Basketball Camp where they can improve their basketball skills in a safe fun environment.

All of our staff has playing and/or coaching experience on higher levels of basketball including the NBA. Our staff is committed to developing the fundamental basketball skills of young players and creating an exciting environment that fosters learning.

Every child will leave with improved basketball skills, a higher basketball IQ, prizes if earned, and a renewed passion for the game of basketball.

### Individual Skills Development

Ball Handling  
Passing  
Agility  
Shooting  
Rebounding  
Post Moves

### Game Concepts

Fastbreaks  
Overcoming Traps  
Using Screens  
Reading Zones  
Applying Defensive Pressure

### Team Fundamental Concepts

Deposit: **\$50 non-refundable to hold spot**  
**\$30 off for Sport & Health Member (week 2 only)**

Dates: **March 29 – April 2 (Mt. Vernon HS)**  
**April 5 – 9 (Skyline Sport & Health)**

Time: **9am – 4pm**

Attendees: **Boy & Girls (6-14 yrs.)**

Locations: **Mt. Vernon High School**  
**8515 Old Mt. Vernon Rd.**  
**Alexandria, VA 22309**

**Skyline Sport & Health Club**  
**5115 Leesburg Pike**  
**Falls Church, VA 22041**

Online Registration Available:  
<http://www.vikaza.com/HoopLife/pages/main/580/>

**If you have any questions, please call**  
**Coach Kevin Harris at 571-241-1486**

## The House of Hoops & Cardinal Spring Break Basketball Camp Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Referred by \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

(Please check all that apply) March 29 - April 2 (\$150)  April 5 - 9 (\$150)  Deposit \$50

Total Paid \$ \_\_\_\_\_

Register Online: <http://www.vikaza.com/HoopLife/pages/main/580/>

Mail completed registration form with deposit to: **The House of Hoops \* 404 N. Royal St. \* Alexandria, VA 22314**

Make Checks Payable to: **The House of Hoops**

Waiver and Release: I understand that deposits are non-refundable. In consideration of The House of Hoops conducting various activities (possibly strenuous) and allowing the above stated individual to participate, the undersigned, realizing the risk of injury attendant to such activities, does/do hereby release and forever discharge The House of Hoops, its officers, agents and employees including but not limited to its owner, from any and all actions, causes of actions, claims and demands for, upon or by reason of any injury which hereafter at any time may be sustained by participation in such activities.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_