



# Armwood Hawks Basketball Camp July 11-14 9am-3pm

**For Boys and Girls in**  
**Grades 2-5(entering)**  
**Grades 6-9 (entering)**

- All Camps will be held at Armwood High School from Monday to Thursday
- Each camper will receive a camp T-shirt
- All skill levels are welcome
- Designed to improve basic fundamental skills
- Use games to refine skills learned during stations
- Daily Hot Shot, Free Throw and Mikan Lay-up Competition with Camp Champ crowned on Thursday
- Emphasis on sportsmanship In **all** activities
- Priority is to learn the game of basketball through skill activities and games
- All Campers will play 3 on 3 games Monday and Wednesday
- All Campers will play 5 on 5 games Tuesday and Thursday

8:45-9:00  
9:00-9:15  
9:15-10:15  
10:15-11:15  
11:15-11:30  
11:30-12:30

12:30-1:15  
1:15-2:15  
2:15-3:00  
3:00 PM

#### Daily Schedule

Gym Opens  
**Welcome and Warm-ups**  
Stations  
Competition  
Break  
Games  
3 on 3 (Monday/Wednesday)  
5 on 5 (Tuesday/Thurs)  
**LUNCH (BRING YOUR OWN)**  
Stations  
Games  
**PICKUP**

**\$125 per camper**

**Check to Armwood Boys Basketball or  
Cashapp to \$ArmwoodBasketball**

**Any Additional questions you can call Coach Zarko (813-385-6496)**

**Bring form to camp or email form to Zarko.Stojakovic@hcps.net (MONEY + FORM DUE JULY 8)**

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Camper Name \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ T-Shirt Size YS YM YL S M L XL  
 Parent/Guardian \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 21-22 Grade \_\_\_\_\_ School \_\_\_\_\_

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during this camp, which contains a risk of physical injury. The undersigned assumes the risk, and releases Hillsborough County School, its directors and employees from any and all liability for personal injury arising out of applicant's participation in this camp program. I further grant permission for my son to attend School District of Hillsborough County basketball camp(s). I further agree to pay through my insurance company or otherwise for any medical treatment that might be necessary for injury due to participation in this camp.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
 Policy # \_\_\_\_\_ Emergency Contact and Phone # \_\_\_\_\_