



2018 WARRIORS ATTACK ACADEMY



Wisconsin Lutheran College men's basketball would like to invite you to be a part of our Warriors Attack Academy. The Attack Academy is designed to equip attendees with the skills needed to become an elite basket attacker and playmaker. Training will include effective ball handling, finishing moves, off-ball movement, and shot training.

The training will be broken up into three separate Sunday sessions with each session lasting two and a half hours in duration. The camp staff includes the WLC men's basketball coaching staff and current Warriors players. All sessions will be held inside Wisconsin Lutheran College's Recreation Complex.

The camp will provide young boys with the best basketball environment regardless of their level of play. We work with players of all abilities and have a curriculum to fit each individual with a training program based upon their skill level. This camp will feature group activities as well as time for discussion to advance understanding of the game.

ACADEMY DETAILS

AGES: Boys in grades 1-8

DATES: Sunday, October 21, 2018
Sunday, November 11, 2018
Sunday, December 2, 2018

TIME: 1:30 - 4:00 PM

COST: \$75

INCLUDES:

Four season tickets to every Saturday home game in the 2018-2019 season

LOCATION:

Wisconsin Lutheran College
Recreation Complex
8800 West Bluemound Road
Milwaukee, WI 53226

(see wlc.edu/directions)

For more information please contact the men's basketball office at 414.443.8598



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Please use a separate form for each camper. Photocopy if needed, or register online at mensbasketball.wlcsportscamps.com.

Name _____ School _____ Age _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Parent's Email _____

for camp communication only

Health Insurance Carrier _____ Policy Number _____

LEGAL DISCLAIMER: Must be signed by participant's parent or legal guardian before application can be accepted.

I hereby release Wisconsin Lutheran College and its employees from all responsibilities for damages or injuries while participating at any WLC athletic camps, except injuries resulting from gross negligence or willful misconduct. I certify that the applicant is in good health and able to participate in this camp. I agree to allow the applicant to be treated by a licensed physician if necessary. I grant camp officials, Wisconsin Lutheran College, and sponsors the exclusive right to use my name or photo in future promotional items for this event. For more information call 414.443.8808.

Signature of parent or guardian _____

Date _____

Please mail your registration and check payable to: Wisconsin Lutheran College, ATTN: Men's Basketball, 8800 West Bluemound Road, Milwaukee, WI 53226