

Camp Coaches

- Jim Vaughan- Head Girl's Coach Kennett HS
- Darrin Scott-Head Boy's Coach Jackson HS
- Joe Shoemaker –Head Boy's Coach Oran HS
Class 2 State Champs!
- Tyler Abernathy-Head Girl's Coach Jackson HS
- Mike Holloway- Assistant Boy's Coach Jackson HS
- Fred Garmon- Assistant Boy's Coach Kennett HS

For more information about the camp contact:

Darrin Scott 573-979-1454 or
Jim Vaughan 573-776-8909

SE MBCA
Darrin Scott
2775 Ridgeway Drive
Jackson, MO 63755



INDIVIDUAL CAMPS

Boy's and Girl's
4th thru 8th Grade

Shooting Camp
June 5th – 6th
9:00 am -12:00

Skills Camp
June 26th - 30th
9:00 AM - 4:00 PM

@Jackson High School

SMBCA Skills Camps

The Southeast Missouri Basketball Coaches Association will once again be doing skills camps in our area. Our camp will be staffed with area high school coaches who are passionate about the game of basketball and developing not only basketball players but individuals. This camp will have a player to coach ratio of no more than 1 to 9. This will provide each player with a personal coach for instruction and guidance throughout the camp.

The camp will take place at Jackson High School where we will be able to take advantage of their main gym with 10 goals and their auxiliary gym with 6 goals. This space will allow us to design drills that will keep players engaged, intense and allow increased repetition.

Our coaching staff will spend each day working on individual fundamentals, skill work, foot work, shooting form along with team offensive and defensive fundamentals every afternoon.

Our goal is to provide each player with feedback throughout the week and to give them the tools they need to work on their game.

We look forward to working with each camper this summer and developing them into the best basketball player and person possible.

Sincerely,

Coach Scott

Camp Schedule

SHOOTING CAMP

June 5th and 6th

9:00 -10:30 Shooting Skill Work & Drill

10:30 Break

10:45-12:00 Shooting Competition

SKILL CAMP

June 26th -30th

9:00-12:00 Individual Station work

12:00-1:00 Lunch Break (Campers will be responsible for their own lunches. We will sell pizza and Gatorade for any campers who need to stay on campus.)

1:00-4:00 Team Work and Drill

Campers do not need to bring a basketball with them. They will need to bring a water bottle.

Make all checks payable to Southeast Missouri Basketball Coaches Association.

Mail Entry Form To:

SMBCA

Attention Darrin Scott
2775 Ridgeway Drive
Jackson, MO 63755

For more information about SMBCA Individual Camps send emails to:
dscott@indianhoops.com

Or go to:

www.indianhoops.com

Camp Enrollment Form

NAME _____

ADDRESS _____

T-SHIRT SIZE _____ YL AS AM AL AXL

PARENT NAME _____

CONTACT NUMBER () - _____

EMAIL _____

EMERGENCY NUMBER () _____

Please fill in your child's grade for the upcoming year.

Grade Entering for 2016-2017

Shooting Camp Tuition \$35

Skills Camp Tuition \$150

Make Checks Payable to:
Southeast Missouri Basketball Coaches
Association

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent. No primary medical insurance is provided by Jackson High School or the Jackson Basketball Camp.

I understand that, as a condition of admittance as a camper, the undersigned, on behalf of the applicant, hereby releases Jackson Basketball Camp, Jackson High School, Darrin Scott, and all other employees or agents of the camp from any and all liability from injuries or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

Parent Signature _____ Date _____