

BEARS BASKETBALL CAMP 2025

PRESENTED BY JEREMIAH TEUSCHER BASKETBALL



BEARS BASKETBALL CAMP 2025 (Jeremiah Teuscher Basketball LLC)

SESSIONS:

June 16-19 from 9:00 am -12:00

FOR:

4th – 9th Grade Boys
(Grade in Fall of 2025)

LOCATION:

Bartram Trail High School

COST:

\$160

PAYMENT INFORMATION:

Venmo @JeremiahTeuscherBasketball
Check to Jeremiah Teuscher Basketball LLC

RESERVE

a spot by emailing

Jeremiah.teuscher@stjohns.k12.fl.us

For the past 18 years I have had the privilege to coach basketball at Bartram Trail. It is a special place with a strong tradition in athletics. I am excited that your son will have the opportunity to come to camp this summer. Camp will consist of improving fundamentals, daily challenges, small-sided games, shooting competitions, and 3 on 3 / 4 on 4 / 5 on 5. We will focus on helping campers improve basketball skills as well as teaching important lessons through basketball.

See you at Camp!

Coach Jeremiah Teuscher

BEARS BASKETBALL CAMP 2025- CAMPER REGISTRATION FORM

Camper Name: _____

Grade (Fall of 2025): _____ Shirt Size: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone #: _____

Health Insurance Company: _____ Policy Group #: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____ Alternate Phone: _____

List any medications, allergies, health problems of which the staff should be aware. Include any prescription or non-prescription medication the student will be administered or allowed to take during the hours of camp:

Camp Sessions (Circle Session/Sessions camper will attend)

- ☐ Session 1 June 16-19-from 9:00 am – 12:00

Payment Information

- \$160 per week
- Checks made out to Jeremiah Teuscher Basketball LLC
- Venmo @JeremiahTeuscherBasketball
- Registration Information can be emailed, mailed, or brought on first day of camp.

Coach Contact Information

- Email: Jeremiah.teuscher@stjohns.k12.fl.us (Please email to reserve spot)

Mailing Address for Registration Form & Check

- Attention: Jeremiah Teuscher
7399 Longleaf Pine Parkway
St. Johns, Florida 32259

I as a parent/guardian, hereby give permission for my child to participate in the Jeremiah Teuscher Basketball Camp. I acknowledge the fact that he is physically able to participate in camp activities. I authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) due to sickness or injury to my son. I hereby waive any claim I might have against the Jeremiah Teuscher Basketball Camp and the institution providing the facilities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone #: _____

PLEASE EMAIL FLYER BACK TO Jeremiah.teuscher@stjohns.k12.fl.us OR bring on the first day of camp.