



May 28-31

**Session I**

May 28-31 ~ 9-11:30 am  
For boys entering Grades K-4

**Session II**

May 28-31 ~ 12:30 – 3 pm  
For boys entering Grades 5-8

**LOCATION:**

Mountain View HS

Cost \$80

Each participant will receive:

- 1 hour of instruction and drill each day.
- Daily scrimmage
- Skills to work on
- Philosophy of program
- Individual skills competition
- Each day will emphasize something different (shooting, defense, offense, situations...)
- T-shirt & basketball

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Any questions may be directed to  
Jon Nettleton (208.899.9765) or email at  
[nettleton.jon@westada.org](mailto:nettleton.jon@westada.org)

All participants are required to bring gym  
clothes, shoes (for gym use only) & water bottle.

**OBJECTIVES:** The objectives of the camp are to  
improve the fundamental skills of basketball.  
Players will also be instructed on the rules of the  
game, discipline, and team play.

One of the main objectives is for the campers to  
have fun and enjoy the game of basketball. The  
skills taught will be demonstrated by the  
instructors and practiced by the campers in drills  
and game situations.

**INSTRUCTORS:**

Jon Nettleton  
Boys Head Varsity Coach  
Mtn. View High School  
(20 years at MVHS)  
(30 years overall)

Assisted by various assistant coaches,  
current and former players.

**PROGRAM HIGHLIGHTS:**

'23-'24 --  
6 players SIC All-Academic  
2 players All-SIC Hon. Mention  
3 players Senior SIC All-Star  
SOPH 1<sup>st</sup> Place Conference  
FROSH League Champions

**REGISTRATION:**

Participants should register according to what  
grade they will be **ENTERING IN THE FALL**  
(24-25 school year)

**\*\*T-shirt size is not guaranteed unless  
registration form is in by May 1<sup>st</sup>.**

Mail registration forms and check to:

Jon Nettleton  
Mtn. View High School  
2000 S. Millennium Way  
Meridian, ID 83642

\*Make checks payable to Mtn. View Boys Basketball

Registration form Little Maverick Basketball Camp <https://mountainviewboysbasketball.com/?nocache=1> (tear here)

**Please fill out all sections** Email \_\_\_\_\_ What Elem/Middle School \_\_\_\_\_

Session I May 28-31 ~ 9 - 11:30 am (Grades K-4) **LITTLE MAVS BASKETBALL CAMP**

Session II May 28-31 ~ 12:30 - 3 pm (Grades 5-8)

NAME \_\_\_\_\_

PARENTS \_\_\_\_\_

Year (24-25) circle grade K 1 2 3 4 5 6 7 8

PHONE # \_\_\_\_\_

**T-SHIRT SIZE** (youth) S M L XL (adult) S M L XL

**LIABILITY RELEASE AND MEDICAL AUTHORIZATION**

My child is in good general physical/mental health and can participate in basketball camp. I understand that any participants not following the rules of the camp may be dismissed without refund. The basketball camp coaches, or employees are authorized to seek medical treatment as necessary in the event of injury, accident, or illness to my child.

Parent/guardian signature \_\_\_\_\_