

## 9th Annual



**ST. FRANCIS OF ASSISI  
MINI – BASKETBALL CAMP 2009**  
Girls and Boys  
Students going into 4<sup>th</sup> - 8<sup>th</sup> grade

**Dates:** June 29<sup>th</sup> – July 2<sup>nd</sup>

**Where:** St. Francis Gym

**Time:** 8:30am – 3:30pm

Early drop off will be available however you must make arrangements with Coach Phelps.

**Camp will cover:** Team Defense, Team Offense, Mechanics of Shooting, Mechanics of Defense, Ball Handling Skills, Passing Skills, Rebounding and Conditioning.

**Cost:** \$100.00 – make check payable to: St. Francis of Assisi

**Registration forms:** are in the school office or RE reception desk.  
Deadline to register is: June 8<sup>th</sup>.

Any questions contact: **Head Coach Parris Phelps**

**(540) 720-7283 or**

Terry DeVito @ [TerryDeVito@aol.com](mailto:TerryDeVito@aol.com)

Subject your email: basketball camp

9<sup>th</sup> Annual  
St. Francis of Assisi  
**Basketball Camp**  
Girls and Boys

(Students going into 4<sup>th</sup> through 8th grade)

**Registration due date:** June 7th

**Head Coach:** Parris Phelps

**Camp Dates:** June 29 – July 2nd

(540) 720-7283

**Time:** 8:30am – 3:30pm

**The camp will cover:** Team Defense, Team Offense, Mechanics of Shooting, Mechanics of Defense, Ball handling Skills, passing Skills, Rebounding and Conditioning.

**Cost: \$100.00** – make check payable to: St. Francis Sports

**NO Refund after: June 12th.**

**Fill out the registration, medical, t-shirt order (no charge) forms** and return them to school

with the fee by June 7<sup>th</sup> or mail to: Terry DeVito

5 Aly Sheba Ln.

Stafford, Va. 22556

**Camp Rules:**

1. No one will leave the gym without coaches or adult permission.
2. No one is allowed in either the elementary or middle school wings.
3. Absolutely no drinks, food, gum or candy allowed in the gym. A water fountain is available.
4. A parent will be called for any student that consistently disobeys or will not cooperate with the coach/adults. Parent will pick up his/her student from practice. If a second phone call becomes necessary, the child will no longer participate in the camp and there will be no refund of registration.
5. For safety reasons, parents are to come into the gym to pick up their student. Please let the coach know that you are leaving with your student.
6. Your student must be picked up on time.

**PLEASE KEEP THIS PAGE AS REFERENCE FOR THE CAMP**

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ST. FRANCIS OF ASSISI  
**BASKETBALL CAMP REGISTRATION**

JUNE 29<sup>th</sup> – JULY 2<sup>nd</sup> 2009

**Activity:** All Day Camp  
\$100.00

**Registration Due Date:** June 7<sup>th</sup>

Student's name: \_\_\_\_\_

Grade: \_\_\_\_\_ (school year 2009-010)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Phone # \_\_\_\_\_

I/we hereby permit our student named above to participate in the St. Francis of Assisi Basketball Camp. We recognize the activity requires the time, energy and supervision of adult volunteers and the cooperation of the parish to be a success.

I/we accept responsibility for all injury to our child and /or property damage that may occur as a result of her /his negligence.

By signing below, I/we agree that we have read the information provided and agree to all rules, procedures and fees.

Parent(s)/guardian signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

# BASKETBALL CAMP 2009

## T-SHIRT ORDER FORM

Name: \_\_\_\_\_

Grade: \_\_\_\_\_  
School year 2009 - 10

Size: \_\_\_\_\_  
Print size

Phone #: \_\_\_\_\_

Youth lg   Adult sm   Adult med.   Adult lg.   Adult xlg   Adult xxlg

**Return order form with camp registration form/fee. IF t-shirt order form is not returned, no t-shirt will be ordered.**

**There is no fee for the t-shirts**

# ST. FRANCIS OF ASSISI EMERGENCY MEDICAL FORM

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
(NICKNAME)

ADDRESS \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ MALE FEMALE HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ HOURS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ HOURS \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

NAME(S) OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY \_\_\_\_\_

CUSTODY ADDRESS \_\_\_\_\_

CHILD'S ALLERGIES (IF ANY) \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

OUTSTANDING MEDICAL HISTORY (EX. DIABETES, HEART DISEASE, CONTACT LENSES, HEARING AIDS ETC.)

\_\_\_\_\_

MEDICATION CHILD IS TAKING \_\_\_\_\_ DATE OF LAST TETANUS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PERSONS NOT AUTHORIZED TO PICK UP CHILD FROM SCHOOL, PRACTICE, GAME\* (IF NOT PARENT)

\_\_\_\_\_

EMERGENCY CONTACTS: In the event a parent cannot be reached, please give name and phone number of two persons who could pick up and take home your child in a timely manner.

1. \_\_\_\_\_  
(NAME) (ADDRESS) (RELATAIONSHIP) (PHONE)

2. \_\_\_\_\_  
(NAME) (ADDRESS) (RELATIONSHIP) (PHONE)

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be contacted in an emergency, the coach or parent supervising my child has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well being of my child.

\_\_\_\_\_  
Signature of parents/guardian

\_\_\_\_\_  
Date