

12th Annual
St. Francis of Assisi
Basketball Camp
Girls and Boys

(Students going into 3rd through 8th grade)

Registration due date: June 14th

Head Coach: Parris Phelps

Camp Dates: June 25 – June 28

(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.

What to bring: bag lunch with water bottle – water only

What to wear: comfortable clothing – shorts, t-shirt, socks and supportive athletic shoes

Cost: \$100.00 – make check payable to: St. Francis of Assisi Memo: B-ball camp

NO Refund after: June 21st.

Fill out the registration, medical, t-shirt order (no charge) forms and return them to school with the fee by June 15th or mail to: St. Francis of Assisi School

18825 Fuller Heights Road

Triangle, VA.22172

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

Email Address: _____
PLEASE PRINT

ST. FRANCIS OF ASSISI
BASKETBALL CAMP REGISTRATION

June 25 – June 28th

Activity: Basketball Camp
\$100.00

Registration Due Date: June 14th

Student's name: _____

Grade: _____ (school year 2012-13)

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 2012

T-SHIRT ORDER FORM

Name: _____

Grade: _____
School year 2012-13

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

Email Address: _____

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