

BASKETBALL CAMP 2022

Boys and Girls – rising 3rd – 8th grade for 2022-2023 academic year

Open to all in the St. Francis Parish community and those outside the parish

Date: June 6th – June 10th (Monday – Friday)

Place: St. Francis of Assisi Gym

Time: 8:30am – 12:00pm (3rd - 5th grade)
6:00pm – 9:00pm (6th - 8th grade)



Registration Fee: \$75.00 (6th – 8th grade)
\$75.00 (3rd - 5th grade)

Checks made payable to:

St. Francis of Assisi School
Memo: Basketball camp

**Registration and Fee due
by June 1, 2022**

Camp Objective: Learn the Fundamentals of Basketball to include:

For 3rd-5th players from 8:30-12:00pm

- Dribbling and Ballhandling
- Passing
- Footwork
- Shooting: lay-ups, jump shots, foul shots, and post play

For 6th - 8th players 6:00pm – 9:00pm

- Rebounding
- Defense
- Offense
- Shooting: lay-ups, jump shots, foul shots, and post play
- Ballhandling

CAMP RULES

1. No player may leave the gym without the coach's permission.
2. No player may leave the camp without the coach meeting the adult taking her or him home.
3. No FOOD OR DRINK OF ANY KIND is allowed in the gym. There is a water fountain in the gym and outside the restrooms for your use.
4. If a player's behavior is in question, the coach will issue one warning, after which the player's parent will be contacted.

What to wear: loose fitted clothing, socks, athletic shoes. Shorts should be finger-tip length, t-shirts should cover the shoulders. Sleeveless shirts are fine so long as shoulders are covered.

What to bring water bottle (with name on it)

Transportation: responsibility of parents

Fee or Registration questions: contact Terry DeVito at devitot.sfas@gmail.com
(540) 226-6515

Camp questions: contact Coach Alorro at serafin.alorro@gmail.com

Subject your email: Basketball camp

NOTICE: If COVID numbers become a concern, BASKETBALL CAMP 2022 will be canceled and all fees will be reimbursed.



For Office Use: Check # _____ Amount: _____
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St. Francis of Assisi

BASKETBALL CAMP REGISTRATION

Parent email address: _____

Players' name: _____ Grade _____

PLEASE PRINT

2022-2023

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 that the activity requires the time, energy, and supervision of adult volunteers and the cooperation of the parents and 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 his/her negligence.

Parent/Guardian name: _____

Please Print

Parent/Guardian Signature: _____

Date: _____

PERMISSION AND MEDICAL SLIP

1. _____ / _____ / _____ / _____ / _____
Participant's Name (please print) Home Phone Gender Birth date Grade

2. _____ / _____ / _____
Address City/State Zip

3. _____ / _____ / _____
Parent's Name Mobile Phone # Work Phone #

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature of Player/Participant Date

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission to participate fully in Basketball Camp June 6, 2022 to June 10, 2022
Name of Sport Start date End date

I agree to indemnify and hereby release the Most Reverend Paul S. Loverde, Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned sport/event (including transportation to and from the sport/event). Furthermore, I, on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above -named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo: Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

Emergency Contact: _____ Relationship: _____
First and Last Name

Phone Number: (H) _____ (C) _____ (W) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above sport/event? _____
List medical conditions, or if none, write NONE

Are there any known allergies including any allergies to medication: _____

Physician and Medical Insurance:

Primary Health Provider: _____ Phone number: _____

Insurance Company: _____ Policy Number _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described sport/event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian Date