

2017 St. Joseph's Fall Youth Basketball Camp

Directed by: Mike Tanner

What: Basketball camp designed to improve overall fundamentals and skills necessary for competitive team play. The camp will focus on Teamwork, Rebounding, Passing, Defense and Shooting. All campers will receive a St. Joseph T-shirt. A pizza party will be held at the end of the last camp, 10/30/17.

Coach: Coaches are VIRTUS trained and CYO certified coaches

Who: Boys & Girls entering 3-8 grade

When: Every Monday starting 10/9/17 to 10/30/17

Time: 5:30 p.m. to 7:30 p.m.

Where: St. Joseph's Gym, 1909 3rd St., Cuyahoga Falls, OH 44221. Lower parking lot of the school.

Cost : \$35.00 for the entire camp

Questions: Please email saintjosephfalcons@gmail.com

Payment via Discover/Visa/MasterCard, check or cash.

Make checks payable to: St. Joseph Athletic Association Memo: Basketball Camp

Proceed to benefit St. Joseph Athletic Association of St. Joseph Church

Please detach and either bring the first camp day. Remember to bring water & basketball shoes.

Athletics Name: _____ Grade Entering: _____

Parents Name: _____ Help with Camp?* _____

Address: _____ City: _____ Zip: _____

Cell Phone _____ E-Mail _____

Campers T-Shirt Size (circle one): YS YM YL YXL AS AM AL AXL AXXL

Emergency Contact Info: _____

Credit Card # _____ EXP _____ Code _____

Signature _____ Date _____

In consideration of your acceptance of my entry, I, intending to be legally bound here by, for myself, heirs, executors, and administrators, waive and release St. Joseph camp coaches and workers from all claims of rights to damages for injuries or losses suffered by me and the above camper, directly or indirectly, in traveling to or from, or competing in or attending the said St. Joseph's Basketball Camp. I give my consent and approval for the directors to act for me according to their best judgment in an emergency requiring medical attention. I also understand that I am responsible for any and all medical expenses for injuries incurred during the camp. I also agree to allow St. Joseph's to that pictures and/or video of my child for use by the parish and that the parish owns the right to those pictures and video.

Signature _____

Date _____

To help you must be CYO certified and VIRTUS trained.

Internal use: Paid via check _____ cash CC

