



# 2018 CRUSADERS HOOPS CAMP

**JULY 23 - 27**

**TIME: 8:30-11:30 am**

**WHERE: Aquinas Academy**

**GRADES: 4<sup>th</sup>-9<sup>th</sup> (2018-19)**

**COST: \$90**

**CANTEEN: Drinks, snacks available for purchase**

**PRIZES: Penguins, Pirates and Duquesne Basketball tickets**

**Individual and team awards**

## DAILY STATIONS FOR DEVELOPMENT INCLUDE:

SHOOTING

BALL HANDLING

FOOTWORK

PASSING

SCREENING

REBOUNDING

QUICKNESS



*PLAY LIKE A CRUSADER*

TO BENEFIT AQUINAS ACADEMY BOYS BASKETBALL



# CRUSADERS 2018 Hoops Camp

## Camper Application *(Please print clearly)*

Must be completed for each participating camper and returned with full payment by July 15, 2018.

Child/Camper Name: \_\_\_\_\_

Grade entering next school year (as of August/September 2018): 4th    5th    6th    7th    8th    9th

School attended during 2017-2018 school year: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. (needed to assign teams)      Adult T-shirt size:    S      M      L      XL      XXL

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone#: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Agreement/Policy#: \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

### MEDICAL AND PERSONAL LIKENESS WAIVER

The undersigned, being a parent or legal guardian of the child, does hereby affirm that the child is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved.

Furthermore, the undersigned has no knowledge of any reason the child cannot participate in rigorous physical activity. The undersigned expressly agrees to be responsible for any medical bill incurred in the treatment of any illness or accident. In the event of any such accident or injury, the undersigned hereby consents to allowing any of the camp personnel to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent.

I understand that as a condition on admittance as a camper, the undersigned on behalf of the parents and guardians, and on behalf of the applicant/camper, hereby releases Aquinas Academy, George Yokitis, and all other employees, agents or volunteers of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp.

Aquinas Academy and the Boys Basketball program have my permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story in their future publications, web pages and other promotional materials produced, used by and representing Aquinas or the Boys Basketball Team. I agree that there will be no compensation to me or my child for this use.

Signature of Parent/Guardian: \_\_\_\_\_

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

Please make check payable to Aquinas Academy Boys Basketball and mail this form, along with the check, to:

Aquinas Academy Boys Basketball  
2308 W. Hardies Road  
Gibsonia, PA 15044