



# SETON LASALLE BOYS BASKETBALL CAMPS



DIRECTOR: COACH MARK WALSH

HEAD BOYS BASKETBALL COACH SETON LASALLE HS

## 2024 Seton LaSalle Boys Basketball Camps

Camp #1 Boys Grades 5th to 8th (Fall of 2024) Mon 6/10 to Thurs. 6/13 (9am to Noon)

Camp #2 Boys Grades 3rd and 4th (Fall of 2024) Mon 6/24 to Thurs. 6/27 (9am to 11am)

Camp #3 Boys Grades K-1st-2nd (Fall of 2024) Mon 6/24 to Thurs. 6/27 (11:30am to 1pm)

Camp #4 Boys Grades 5th to 8th (Fall of 2024) Mon 7/8 to Thurs. 7/11 (9am to Noon)

### CAMP FEATURES 3rd to 8th Grade (Fall of 2024)



Individual/Team Competition



Skill Development Sessions



3 on 3 Games



Free Throw Contest



Knockout Games



Lay-up Contest

### CAMP FEATURES K to 2nd (Fall of 2024)

The K-1<sup>ST</sup>-2<sup>ND</sup> camp will be a beginner skill development camp teaching dribbling, passing, catching, pivoting, and shooting (early stages).

Questions: Coach Mark Walsh [coachmrwalsh@gmail.com](mailto:coachmrwalsh@gmail.com) (cell) 412 979-2913

Make Checks Payable To: Mark Walsh

Mail Check / Application To: Coach Mark Walsh 4605 West Brightview Avenue Pgh PA. 15227

-----DETACH AND MAIL IN-----

### 2024 BOYS DAY CAMP APPLICATION (one child per application)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ GRADE FALL 2024 \_\_\_\_\_ SCHOOL \_\_\_\_\_

T SHIRT SIZE (CIRCLE) YS YM YL YXL AS AM AL AXL

Parent/Guardian #1 Name \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### ADD \$25 late registration fee for any camp registered after postmarked date

\_\_\_\_ Camp#1 Boys Grades 5th to 8th (Fall of 2024) Mon 6/10 to Thurs. 6/13 (9am to Noon) \$100 postmarked by 6/1

\_\_\_\_ Camp #2 Boys Grades 3rd and 4th (Fall of 2024) Mon 6/24 to Thurs. 6/27 (9am to 11am) \$90 postmarked by 6/10

\_\_\_\_ Camp #3 Boys Grades K-1<sup>st</sup>-2<sup>nd</sup> (Fall of 2024) Mon 6/24 to Thurs. 6/27 (11:30am to 1pm) \$70 postmarked by 6/10

\_\_\_\_ Camp #4 Boys Grades 5th to 8th (Fall of 2024) Mon 7/8 to Thurs. 7/11 (9am to Noon) \$100 postmarked by 6/27

*PARENT/GUARDIAN: I/ WE APPROVE OF MY/OUR SON'S ATTENDANCE AT THE BASKETBALL CAMP AND CERTIFY THAT HE IS IN GOOD HEALTH AND ABLE TO PARTAKE IN THE PROGRAMS ACTIVITIES. I/ WE AUTHORIZE THE DIRECTORS TO ACT FOR ME / US ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION FOR WHICH SERVICES I / WE WILL GLADLY PAY. I / WE HEREBY WAIVE AND RELEASE SETON LASALLE HS AND COACH MARK WALSH AND THE BASKETBALL CAMPS DIRECTORS, ASSISTANT DIRECTORS, INSTRUCTORS, ASSISTANT INSTRUCTORS, COACHES OR STAFF FROM ANY AND ALL LIABILITY.*

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_