

VINCENTIAN ACADEMY

2018 HOOPS CAMP

JUNE 25 - 29, 2018

TIME: 9 am – 2pm (June 29, 9am – noon)

GRADES: 4th – 8th

COST: \$100 (\$95 if paid by May 15th)

PRIZES: Daily Prizes
(Individual & Team Awards)

CANTEEN: Drinks, Snacks & Lunch are available for purchase
Campers may also bring their own lunch

DAILY STATIONS

Ball Handling
FOOTWORK
PASSING
QUICKNESS
REBOUNDING
Conditioning



PLAY LIKE A ROYAL



2018 WPIAL Champions!

For more information email: vagbbsummercamp@gmail.com or visit vincentianacademy.org

PLAYER APPLICATION

Must be completed by each participating player & returned with full balance paid by June 18, 2018.

PLAYER'S NAME: _____

Youth Shirt Sizes: S M L XL Adult Shirt Sizes: S M L XL

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Grade School: _____

Grade Entering (as of September 2018): _____

No Refunds After June 18, 2018

MEDICAL RELEASE 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 Vincentian Academy, Ron Moncrief, 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.

Vincentian Academy and the Girls Basketball Boosters and Team 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 Vincentian Academy or the Boosters or Team. I agree that there will be no compensation to me or my child for this use.

CAMPER'S NAME: _____

Signature of Parent/Guardian: _____

Parent/Emergency Contact Number: _____

Name of Physician: _____ Phone Number: _____

Health Insurance Carrier: _____ Agreement/Policy Number: _____

Please list any medical conditions: _____

Please make check payable to VINCENTIAN GIRLS BASKETBALL BOOSTERS and mail this form along with payment to:

Vincentian Academy

Attention: Girl's Basketball Boosters

8100 McKnight Road

Pittsburgh, PA 15237



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