

**2017 BASKETBALL  
SUMMER DAY CAMP**

**WAIVER OF LIABILITY**

I hereby desire that my child, who is entering grade 9 or under, participate in the Basketball Summer Day Camp sponsored by the Boys & Girls Club of East Aurora. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program, hereby intending to release East Aurora Schools, The Boys & Girls Club of East Aurora, Gary Schutrum, and all personnel associated with this basketball camp from liability that may result from his/her participation. As a condition of participation in the Boys & Girls Club Basketball Camp, each participant must have a physical check-up by a certified physician within the last calendar year.

Signature of Parent/Guardian

Date of Last Physical

Please list any physical/medical conditions that we should be aware of

**BOYS & GIRLS CLUB OF E. A.**  
24 Paine Street  
P.O. Box 36  
East Aurora, NY 14052



**BOYS & GIRLS**  
*Entering grades 2-9*

**July 31—August 4**

**9:00 A.M. - 12:30 P.M.**



**BOYS & GIRLS CLUBS**  
OF EAST AURORA

24 Paine Street, P. O. Box 36  
East Aurora, NY 14052  
652-4180  
[www.bgcea.org](http://www.bgcea.org)



# 2017 BASKETBALL SUMMER DAY CAMP

## WHO SHOULD ATTEND?

Boys or Girls entering grades 2-9 who wish to learn fundamental skills and enhance playing ability of the game of basketball.

## WHEN IS IT?

9:00 A.M. - 12:30 P.M.

## WHERE IS IT?

Camp will be held at the  
East Aurora High School,  
1003 Center Rd.  
East Aurora, NY 14052

## WHAT IS THE COST?

**\$75.00 per camper**

\* Registration deadline July 14, 2017

*We need a MINIMUM of 30 campers by registration deadline to hold basketball camp!*

## PAYMENT/REFUND POLICY

- Payment must accompany application
- Your spot is not secured until payment and application are received.
- Refunds will be issued on cancellations received at least two weeks prior to camp. NO REFUNDS after two weeks prior to camp

## WHAT TO EXPECT

**Fundamentals:** Individual and Team; Grouped by age and ability:

2nd-4th grade, 5th & 6th grade  
7th – 9th grade

Small team sizes; One game per day

**Friday:** Championship Game; Awards

Parents are welcome to join us for Championship Game and Awards.

**FREE CAMP T-SHIRT**-*must be signed up prior to registration deadline to receive t-shirt*

## TYPICAL CAMP DAY

- ◆ Group warm-up drills
- ◆ Station work - Fundamentals
- ◆ Individual Competitions
- ◆ 3 on 3 games
- ◆ Guest Speakers
- ◆ Campers bring snack & water bottle

## AWARDS

- ◆ Best Camper Award
- ◆ 3 on 3 Champion
- ◆ Spot Shot
- ◆ Best Defensive Player
- ◆ League Champion
- ◆ Foul Shot Champion
- ◆ 1 on 1 Champion, 2 on 2 Champion
- ◆ Lay-up Champion,
- ◆ Coaches Award

## CAMP DIRECTOR

### CHRIS KOSELNY

Phys. Ed. Teacher, EA Schools  
Var. Boys Basketball Coach, EA High School  
Coach of the 2007 NYS Champions East Aurora Blue Devil's Girls Varsity Team  
2007 NYS "Coach of the Year"

## STAFF

EAHS Varsity Basketball Players,  
JV and Modified Coaches will assist with instruction, game coaching and refereeing.

## **REGISTRATION FORM FOR 2017 BASKETBALL CAMP**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Entering Grade \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### T-Shirt Size (ADULT SIZES ONLY)

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**\$75.00 per camper**

Payment must accompany application

*Check Enclosed Payable to the Boys & Girls Club of EA  
Registration deadline July 14, 2017*

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## MEDICAL AUTHORIZATION

Physician's Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

In an emergency, I hereby give permission for my child to be examined by the camp's certified (first aid and CPR) staff. I also give permission to the licensed physician, selected by the camp operator, to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency. I also give the camp permission to advise the hospital of our health insurance at the time of any treatment. Our health insurance is covered by:

\_\_\_\_\_  
Contract or Group No.

**Please complete back of registration form**