



**BOYS & GIRLS CLUBS  
OF EAST AURORA**

24 Paine Street, P. O. Box 36  
East Aurora, NY 14052

**CAMP DIRECTOR  
CHRIS KOSELNY**

Phys. Ed. Teacher, EA Schools

Var. Boys Basketball Coach, EAHS

Coach of the 2007 NYS Champions  
E. A. Blue Devil's Girls Varsity Team



**July 30—August 3  
9:00 A.M.—12:30 P.M.**  
**E. A. High School  
1003 Center Rd.  
East Aurora, NY  
14052**  
**\$75.00 per Camper**  
*Registration Deadline*  
*July 16, 2018*

**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 and Awards.**  
**Parents are welcome to join us for Game & Awards .**  
**Free Camp T-Shirt - must be signed up prior to deadline to receive t-shirt**

**Return completed application and payment to the Boys & Girls Club, 24 Paine St., P. O. Box 36, E. Aurora, NY 14052.**

**Minimum of 30 campers by registration deadline to hold camp.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Entering Grade \_\_\_\_\_ Ht.: \_\_\_\_\_ T-Shirt Size (ADULT SIZES ONLY) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
Please list any physical/medical conditions that we should be aware of: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_



**Payment must accompany registration. Refunds will be issued on cancellations received at least two weeks prior to the start of camp.**  
**NO REFUNDS after two weeks prior to the start of camp. Minimum 30 campers by registration date to hold camp.**

**Waiver of Liability:** I hereby desire that my child, who is entering grade 9 & under, participate in the Basketball Summer Day Camp sponsored by the Boys & Girls Club of E. Aurora. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set forth by the Camp Director are established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release E. A. Schools, The Boys & Girls Club, Gary Schutrum and all personnel associated with this basketball camp from liability that may result in his/her participation. I hereby also give my permission for my child to be examined by the camp's certified (first aid & CPR) staff. I also give permission to a 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Last Physical \_\_\_\_\_  
Health Insurance Coverage: \_\_\_\_\_ Contract/ID # \_\_\_\_\_

Basketball camp Registration form-4/2018

Office Use Only: Paid Amount: \_\_\_\_\_ Check / Cash / Credit Card Date: \_\_\_\_\_