



# St. Charles Basketball Camps 2017



**JUMP** into the action! The 31<sup>st</sup> Annual St. Charles Basketball camp is back for another summer. Younger players will learn the fundamentals of team basketball as well as individual skill development. Older players will continue their skill development and improve their knowledge of the team game.

So **SHOOT** for the moon, set your goals high and don't let this opportunity **PASS** you by.

If you have any questions, please contact Mr. Carpenter at 612-787-1145 (or e-mail [tcarpenter@stchbs.org](mailto:tcarpenter@stchbs.org)).

Thank you and have a great summer!

**When:** Monday, June 12 – Thursday, June 15, 2017

**Who:** Boys and Girls entering 2<sup>nd</sup> – 9<sup>th</sup> Grades in the fall

**Time:** \*8:00-10:00 a.m. (5<sup>th</sup> – 9<sup>th</sup> graders - fall of 2017)

\*10:00 a.m.-12:00 p.m. (2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> graders - fall of 2017)

**Where:** St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

**What to bring:** Athletic shoes, shorts, t-shirt, and willingness to work hard, learn new things, and have fun!

**Cost:** \$50.00 per athlete (includes camp T-shirt)(Please make checks payable to St. Charles Athletic Dept.)

**Please fill out the application below and return it to St. Charles by Friday, May 5<sup>th</sup> to ensure camp t-shirt!**

(Please keep the top portion for your records. Thank you.)

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**FAMILY INFORMATION**

Student/Participant \_\_\_\_\_ Grade (fall 2017) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Best Phone # to Reach You During Camp: \_\_\_\_\_ e-mail \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

*Parent or Guardian's Name*

*Student/Participant's Name*

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand the conditions for team play and am willing to abide by these conditions.

**Signature of Student Athlete:** \_\_\_\_\_

**Please return this form and the \$50 fee to Mr. Carpenter before May 5<sup>th</sup> to ensure t-shirt!**

**T-Shirt Size:** \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL

