

Putnam Valley Girls Basketball Camp July 18-22



Ages:

Current Grades 1-4 **Location:** Putnam Valley ES

Current Grades 5-9 **Location:** Putnam Valley HS

Time: 9:30-2:30

Cost: \$135, \$115 each additional family member (inc. camp t-shirt)

Equipment: Campers should bring sneakers, bag lunch, and water bottle.

Putnam Valley Basketball Camp is for players of all abilities. The camp will be built on the basic pillars of improving all aspects of basketball performance such as individual skills, techniques, proper ball handling, passing, shooting fundamentals, pick and roll, defensive principles in both man and zone, basketball rules, team concepts, game strategies, and the elements of teamwork. The coaches all have college and/or professional experience and will be there to teach and demonstrate all these aspects of basketball they have learned throughout their careers.

For additional questions please contact the camp director Kristi Dini, by email:
kristi.dini@yahoo.com

Please mail or drop off attached form and check written to:

Putnam Valley Central School District
Attn: Kristi Dini - Girls Basketball Camp
146 Peekskill Hollow Road
Putnam Valley, NY 10579

PV Girls Basketball Camp Registration Form:

Campers Name:

Parent(s)/Gaurdian(s):

Home Address:

Home Phone:

Cell Phone:

Email Address:

Tshirt size- Circle one:

Small medium large x-large

Emergency Contact Name:

Phone:

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Putnam Valley, NY 10579

Informed Consent Form

I hereby give my permission for _____ to participate in 2011 Putnam Valley Summer Camp in the sport/activity of _____ and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in _____ Camp is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 each day.

Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Emergency Contact Information:

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____ Any known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency:

_____ Relationship with person: _____

Home Phone: _____ Cell Phone: _____

I understand this informed consent form and agree to its conditions.

Parent\Guardian: _____ Date: _____