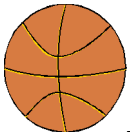


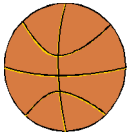
Putnam Valley Boys Basketball Junior Camp

Summer 2008

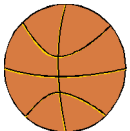
June 30th - July 3rd



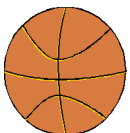
Dates: June 30th - July 3rd (4 half days)



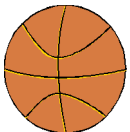
Open to Boys Currently in Grades 1, 2 and 3



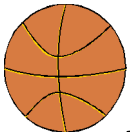
Time: 8:30 AM - 11:30 AM



Location: Putnam Valley Elementary School



Cost: \$54 (Payable to "Putnam Valley Central School District")



Equipment Needed: Sneakers, Water Bottle, Healthy Snack

Also available:

*Middle Camp (Current 4th, 5th and 6th graders) \$108, four full days

*Upper Camp (Current 7th, 8th, and 9th graders) \$108, four full days

Putnam Valley Boys Junior Basketball Camp June 30th - July 3rd, 2008 (4 Half Days at P.V.E.S.)

Registration Form

Camper Name _____

Home Address _____

Current School _____

Current Grade (as of Spring '08). Circle one: **1 - 2 - 3**

Campers receive a T-shirt during camp week. Please circle the proper shirt size.

Youth Medium Youth Large Adult Small Adult Medium

Parent/Guardian Name _____

Phone #'s (____) _____ - _____ (____) _____ - _____

Emergency Contact's Name _____

Phone #'s _____

Please mail or drop off payment of \$54 to "Putnam Valley Central School District" by Friday, June 13th to either:

**Putnam Valley High School
Attn: Ralph Smith
146 Peekskill Hollow Road
Putnam Valley, NY 10579**

**Putnam Valley Middle School
Attn: Gerry Carlin
142 Peekskill Hollow Road
Putnam Valley, NY 10579**

For more information, e-mail gcarlin@pvcsd.org or rsmith@pvcsd.org

I give permission for my child, _____ to be treated for any medical emergency and be transported to the hospital if necessary. I understand that such physical activity involves the potential for injury. I acknowledge that even with the best coaching, supervision and observance of rules, injuries are still a possibility.

I also acknowledge that 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.

Parent Signature

Date

Any special information regarding your child's health, please list below (allergies, asthma, etc.)

Pediatrician/Doctor's Name and Phone

Phone (____) _____ - _____