

BATAVIA JR. BLUE DEVIL BOYS **BASKETBALL CAMP**

WHEN: AUGUST 12TH-16TH

WHERE: JOHN KENNEDY GYM

COST: \$50

CAMP STAFF: Youth Basketball Director Jalen Smith, professional and college players from the Buffalo and Rochester area and players from the BATAVIA BOYS BASKETBALL PROGRAM

2 SESSIONS:

SESSION 1- FOR BOYS ENTERING GRADES 3 & 4 FROM 9-10:45 @ JK GYM

SESSION 2- FOR BOYS

ENTERING GRADES 5 & 6 FROM 11-12:45 @ JK GYM

EMPHASIS WILL BE GIVEN TO DRILLS AND SKILLS THAT CAMPERS CAN PRACTICE AT HOME. BALLHANDLING AND SHOOTING WILL BE EMPHASIZED EACH DAY

COMPETITION WILL INCLUDE INDIVIDUAL SKILL CONTESTS, 2 ON 2, AND 3 ON 3 GAMES.

TUITION AND PAYMENT

- PAYMENT IS DUE FRI. AUG 9TH. MAKE CHECK PAYABLE TO:
THE BATAVIA BASKETBALL BOOSTERS AND MAIL TO:

BUDDY BRASKY
25 CLIFTON AVE
BATAVIA, NY 14020
585-356-4050

NAME: _____

ADDRESS: _____

CITY: _____

STATE AND ZIP CODE: _____

AGE: _____

GRADE ENTERING NEXT FALL: _____

SCHOOL: _____

CELL PHONE #: _____

EMAIL: _____

**MAKE CHECKS PAYABLE TO: THE BATAVIA
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AND MAIL TO: BUDDY BRASKY
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BATAVIA, NY 14020**

PARENT CONSENT

I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED TO PARTICIPATE IN ALL ACTIVITIES OF THE BLUE DEVIL BASKETBALL CAMP. ALL RISKS ARE BEING ASSUMED KNOWINGLY AND VOLUNTARILY. I WILL NOT HOLD BATAVIA CITY SCHOOLS, IT'S EMPLOYEES AND AGENTS RESPONSIBLE FOR ANY INJURY OR HARM THAT RESULTS FROM PARTICIPATION IN THE BASKETBALL CAMP. I HEREBY ACKNOWLEDGE THAT I HAVE APPROPRIATE MEDICAL/ACCIDENT INSURANCE COVERAGE ON MY CHILD. MY CHILD IS IN GOOD HEALTH AND HAS NO PHYSICAL CONDITION THAT WOULD PREVENT HIM/HER FROM PARTICIPATING IN BASKETBALL CAMP. I AUTHORIZE THE CAMP DIRECTOR AND HIS ASSISTANTS TO ADMINISTER NEEDED FIRST AID AND TO SEEK MEDICAL ATTENTION IN THE CASE OF AN EMERGENCY.

PARENT/GUARDIAN SIGNATURE: _____

IN AN EMERGENCY CALL: _____

