



SAINT MARY'S

PANTHER HOOP CAMP

2008

Home of the 2007-2008 Men's Basketball Div. IV BSAL LEAGUE CHAMPIONS, NCS CHAMPIONS, NORCAL CHAMPIONS, and RUNNER UP, CALIFORNIA STATE CHAMPIONSHIP

Home of the 2007-2008 Women's Basketball Div. IV Semifinalist, NORTH COAST SECTION

SESSION ONE* - JUNE 23 TO JUNE 27 (BOYS & GIRLS 10-14 YRS)
 (*This session recommended for incoming freshman)
 SESSION TWO - JUNE 30 TO JULY 3 (BOYS & GIRLS 6-14 YRS)

CAMP HOURS: Mon-Fri 9 a.m. to 4 p.m. - Pick up by 4:30 p.m.

The Panther basketball camp is designed for boys and girls who aspire to improve their basketball skills. As a staff we have one common goal "to improve the fundamental skills of our campers and to have fun." In our camp we will focus on the following: offensive skills, defensive intensity and how to play as a team. All campers will receive a Panther tee shirt, a basketball and a player evaluation. At the end of the week for each session there will be a closing ceremony on Friday with lunch provided. (THERE WILL BE A LUNCH BREAK FROM 12 TO 1 EVERYDAY. CAMPERS ARE RESPONSIBLE FOR THEIR OWN LUNCH MONDAY TO THURSDAY.)

Staff:

Manny Nodar: Camp Director

David Simril: Assistant Director

The camp will also have coaches and players from the Saint Mary's College High School men's and women's basketball program.

Cost:

\$265 Session One (five days)

\$215 Session Two (four days)

Sign up for two sessions and pay \$420 total for a savings of \$60

Make check or money order payable to : SMCHS- Hoop Camp. To register, please complete the bottom portion and reverse side of this form. Return this entire form along with your payment to:

Saint Mary's College High School, Attention: Hoop Basketball Camp,
 1294 Albina Avenue, Berkeley, CA 94706.

PLEASE MAKE A COPY FOR YOUR RECORDS.

Questions about the camp, please call: (510) 526-9242 ext. 437

PANTHER HOOP CAMP 2008 Check: Session 1 _____ 2 _____

Total amount enclosed: \$ _____

Student Last Name, First Name

Grade Level in Fall of 2008

Street

City/State/Zip Code

Parent/Guardian First Name / Last Name

Home Phone Number

2008 Saint Mary's College High School Medical Authorization and

Summer Camp Emergency Form

Name of Summer Camp(s)

I, the undersigned parent/guardian, do hereby allow the student named herein to participate in the above named summer camps held at Saint Mary's College High School, and I further dismiss Saint Mary's College High School, their agents,, camp coordinators, coaches, camp staff and representatives, and each of them, from any liability in the event of injury or accident that might occur arising out of or in any way connected with their participation in the summer camp. I authorize the camp staff to act on my behalf according to their best judgment in case of any emergency requiring medical attention. The above named player has personal health insurance. If I cannot be reached in an emergency, I hereby give Saint Mary's College High School, camp coordinators and camp coaches permission to have the above player treated by a physician and to use the closest available medical facility. I HAVE READ AND UNDERSTAND THE AUTHORIZATION HEREIN.

1. Student's Birth Date _____

2. Father's Name _____

Father's Work Phone _____ Father's Cell Phone: _____

2. Mother's Name _____

Mother's Work Phone _____ Mother's Cell Phone: _____

3. Name, address, and phone number of person, other than parent, who can be contacted in case of emergency:

4. Name and phone number of STUDENT'S PHYSICIAN:

Name Phone

5. HOSPITAL PREFERENCE, CITY:

6. Name and phone number of STUDENT'S DENTIST:

Name Phone

7. List any medical restrictions or conditions: _____

8. Medical Insurance: _____ Medical Insurance ID #: _____

Parent/Guardian Signature

Date