

Basketball Camp 2022

with Coach Printy



Palmer Catholic Academy Summer Basketball Camp

Campers will work on:

- basketball fundamentals
- advanced dribbling techniques
- shooting drills
- defensive concepts
- offensive skills
- team building through scrimmages and other activities

Campers **MUST** have a completed and notarized Catholic Schools Physical on file at PCA to participate. FORMS available at www.pcapvb.org

CAMP DATES / TIMES

MONDAY THROUGH THURSDAY

June 13 - June 16

9:00 am to 12:00 pm

Camper grades: Rising 5th - Rising 8th





Cost per camper: \$200

Make checks payable to:

Palmer Catholic Academy



SPOTS ARE LIMITED! SIGN UP SOON TO SECURE A SPOT!

Please bring plenty of water and a snack each day.





CAMP NAME: PCA Basketball Camp

\$200 per week, per camper

Campers Name(s)/Ages:	
Contact Information:	
Parent's Name(s):	
Emergency Contact: Phone Number:	
Please list any known allergies or anything we should know about your camper(s):	
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Please make checks payable to Palmer Catholic Academy	
For Office Use Only	
	Total amount due: \$
	Check #:
	Date Paid:

CATHOLIC GRADE SCHOOL SPORTS CONFERENCE STUDENT ATHLETIC PARTICIPATION APPLICATION

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name	First	Middle Initial	Application Date	
This application to compete in inters understanding that I have not violated	cholastic athletics for any of the eligibility rules and regulations	School is en	tirely voluntary on r	my part, and is made with the
his/her school. I agree to allow the ab discharge the Diocese of St. Augustin	ereby give my consent for the above strove named student to be a passenger in le, Bishop Felipe Estevez,	udent to engage in school a privately operated vehic School,	le to and from athle	ctivities as a representative of tic events. I hereby release and
Date	Signature of Parent or Guardian			
Street Address	City		Zip	Tel. #
The patient and others, whose signatu operations, which may be deemed ad- being to grant authority to administer which may now or during the course of every reasonable effort is made to co	RELEASE: SIGN THIS SECTION ONLY ures appear below, do hereby consent to visable by his/her physicians and surgeor and to perform all and singularly any enter the patient's care be deemed advisable ontact parents/guardians prior to admitting I submit authorization for responsible to	any and all medical, denta ns as a result of his/her pa examinations, treatments, a and necessary. This form ng the patient for necessary	al and surgical treatr articipation in athletic anesthetics, operation will be used only in any treatment. Consi	ments including anesthesia and cactivities. The intention hereof ons and diagnostic procedures case of emergencies and after ent is also given for release of
Jacksonville Orthopedic Institute to rel training for and participation in athletic and can only be shared with a coaci information may concern the student	reby authorize the physicians, athletic t lease information regarding my student a s atScho h, athletic director, or school official in athlete's medical status, medical cond tion. This protected information may be School athletics.	thlete's protected health in oil. This information is only connection with participat ition, injuries, prognosis, o	formation and regar to be used for the b ion in interscholasti diagnosis, athletic p	ding any injury or illness during etterment of the student athlete c sports. This protected health articipation status, and related
SIGNATURES (both required):				
Minor Patient	Pare	ent or Guardian		
Address (if different)				
Family Physician		Emergency Tel		
STATE OF FLORIDA, COUNTY OF	be	efore me personally appea	red	
	to be the person described in and who e			wledged to and before me that
Notary Public, State of Florida at Large	В	Date	(Seal)	
Notwithstanding such warnings, and w	ACKNOWLEDGEMENT OF do hereby a ersonnel of , brain damage, paralysis or even de with full knowledge and understanding of to participa	cknowledge that we/l have that our/my child ath, by participating in the the risk of serious injury to	e been fully advised I named above may he sport of	
	s			
		Date		
A Physical exam forms must be	e on file with the school before tryouts/pro	actice.		
B Medical history on reverse si	ide must be completed by parent or guar	dian.		

CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

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