

SUMMER CAMP 2022

BURDINE'S BASKETBALL CAMP

WITH COACH TREY BURDINE

Students will be taught the fundamentals of basketball, while learning how to work together as a team. Each day there will be different drills that teach a specific skill relating to basketball, as well as a game at the end of each day.

SITE

The Montessori Academy Edison Lakes
530 East Day Road
Mishawaka, IN 46545

CAMP DATES/TIME

Mon. - Fri., July 11 - 15
Mon. - Fri., August 8 - 12
9:00 a.m. - 11:00 a.m.

FOR STUDENTS CURRENTLY IN GRADES:

4th - 8th (during the 2021-22 school year)

COST

\$130/week
(Cost includes t-shirt) Minimum of 10 students needed

ACTIVITIES INCLUDE

Passing
Shooting
Dribbling
Running
Defense
Watching Film

Please complete registration form on reverse side.

2022 Burdine's Basketball Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2021-2022 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than June 15th, with check payable to: **The Montessori Academy**

_____ JULY 11-15

_____ AUGUST 8-12

CHILD'S SHIRT SIZE _____

\$130/week includes t-shirt

Office Use

pd. \$ _____ ck# _____

date _____ staff initials _____

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate Phone _____

Email _____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Mr. Trey Burdine to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature

Parent/Guardian Signature

Printed Name

Printed Name