

**SUMMER 2023**

**BASKETBALL ACTIVE SKILLS CAMP**  
**WITH BLAKE BARKER**

This Active Skills Training Camp is designed to give your athlete agility and basketball training to help develop their abilities and elevate their game.

Blake Barker is a current Nova Southeastern University student. He is a TMA alum and graduated from Penn High School in 2022 where he was a varsity basketball and track athlete.

**TIME**

9:00 a.m. - 12 p.m.

**CAMP DATES**

Monday - Thursday, July 10 - 13

Monday - Thursday, July 31 - August 3

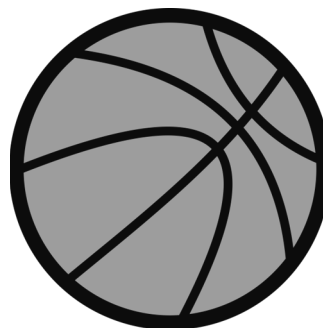
**FOR STUDENTS CURRENTLY IN GRADES**

4th - 7th

(during the 2022-23 school year)

**COST**

\$105/per week



**Please complete registration form on reverse side.**

# 2023 Basketball Active Skills Camp Registration Form

Child's Name \_\_\_\_\_ ( ) Male ( ) Female

Child's Birthdate \_\_\_\_\_ Child's 2022-2023 Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

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

\_\_\_\_ JULY 10-13    \_\_\_\_ JULY 31-Aug 3

\$105/week

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 \_\_\_\_\_

**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. Blake Barker 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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_