

SUMMER 2024

BASKETBALL CAMP

WITH COACH BURCH

The focus of Basketball Camp will be to learn and develop fundamental basketball skills. Campers will learn the rules of the game and practice dribbling, passing, shooting, rebounding, offensive and defensive strategies, and more!

TIME

8:30 - 11:30 a.m.

CAMP DATES

Monday - Friday, July 29 - August 2

FOR STUDENTS CURRENTLY IN GRADES

3rd - 5th

(during the 2023-24 school year)

COST

\$125/per week



Please complete the registration form on reverse side.

2024 Basketball Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2023-2024 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 May 31st, with check payable to: The Montessori Academy

_____ JULY 29 - AUG. 2

\$125/week

<u>Office Use</u>	
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 _____ Cell Phone _____

Work 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 _____

Cell Phone _____ Work Phone _____

Alternate Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Mr. Chris Burch 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 _____