



SOLVAY BEARCAT BASKETBALL



BEARCAT BASKETBALL CAMP

August 12 - 15, 2019

For boys and girls *entering* grades 4-8

8:30 AM – 4:30 PM at Solvay High School



Daily Schedule

8:00 - Gym Open

- Warmup + Daily Focus
- Skill Station Workouts
- Classroom Session
- 2v2, 3v3, 4v4 Play
- Lunch
- Skill Station Workouts
- Classroom Session
- 2v2, 3v3, 4v4, 5v5 Games

4:30 - Camp Dismissal/Pickup

Cost: \$60

Includes camp shirt. Checks can be made payable to Solvay Athletic Boosters.

*Additional campers from same family receive a \$10 discount

Lunch NOT provided.
Campers should
bring a bagged lunch
each day.

Staff:

Varsity Boys Basketball Coach
Jim Rolince, Boys' JV & Modified
coaches, and current Solvay
High School players

Questions:

Contact Coach Rolince

jrolince@solvayschools.org

315- 569-9908

Please detach this section. Submit Payment (check made payable to *Solvay Athletic Boosters*) and mail to:
James Rolince, 600 Gertrude Ave., Solvay, NY 13209. To ensure a camp t-shirt, return form by Friday, July 26.
Later registration and walk-ins are welcome, but a t-shirt will not be guaranteed

Player Name _____ 2019-2020 Grade _____ Phone _____

Parent Name _____ Email _____

Emergency Contact: Name _____ Daytime Phone _____

Shirt Size (Circle One) Youth: S M L Adult: S M L XL

YOUTH PERMISSION WAIVER

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against Bearcat Basketball Camp and Solvay High School, and any and all sponsors, representatives, successors, and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the Bearcat Basketball Camp for program participants. Registrants are encouraged to have their own medical coverage.

I understand that participation in the camp involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for payment of any emergency transportation or treatment on behalf of the participant. I further clarify the participant is in good physical condition, and has no medical or physical condition that would restrict his/her participation in this event. I hereby agree to release and hold harmless Bearcat Basketball Camp, its staff, James Rolince, and Solvay High School from and against any and all liability for loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, suffered by me and/or my child arising from his/her participation in this program. I also grant permission for Bearcat Basketball Camp to use my child's photo on the website or social media for promotion of the camp.

Parent Guardian Signature: _____ getting back

Parent/Guardian Name (PRINT) _____