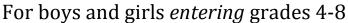


## **SOLVAY BEARCAT BASKETBALL**



# BEARCAT BASKETBALL CAMP

August 12 - 15, 2019



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	9-2020	Grade Phone			
Parent Name		Ema	il				
Emergency Contact: Name				Daytime Phone			
Shirt Size (Circle One)	<b>Youth</b> : S	M	L	<u>Adult</u> : 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)	