

**2017 Saint Albert Boys Summer Basketball Camps**

**Dates: May 30th - June 1st/2nd (TUE-THUR/FRI)**

**All Camp Sessions Will Be Led By**

**Saint Albert’s Coaching Staff and Players**

**Lil Falcons Camp**

**Boys Entering Grades 1-5 Cost: $60 (Tue-Thu) Time: 12:00-2:00 p.m.**

**Falcons Middle Camp**

**Boys Entering Grades 6-8 Cost: $60 (Tue-Thu) Time: 12:00-2:00 p.m.**

**Falcons Returners Camp**

**Boys Entering Grades 9-12 Cost: $70 (Tue-Fri) Time: 2:00-4:00 p.m.**

**Location: Saint Albert High School**

These camps will stress footwork, shooting, proper fundamentals, and intense competition. You will receive instruction on passing, rebounding, defensive fundamentals, shooting, and various offensive & defensive team concepts. Participating players will also be introduced to the offensive and defensive philosophies of the Boys Basketball Program at Saint Albert.

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**2017 SAINT ALBERT FALCONS BASKETBALL CAMP REGISTRATION**

**CHECK YOUR CHOICE: GRADES 1-5\_\_\_\_ GRADES 6-8 \_\_\_\_ BOYS 9-12 \_\_\_\_\_\_**

**\*\*THE COST OF EACH CAMP IS $60.00/$70.00 (depending on age group)**

**\*\* MAIL IN THE FORM OR DROP IT OFF AT SAINT ALBERT MIDDLE HIGH SCHOOL OFFICE**

**\*\* MAIL TO: SAINT ALBERT HS c/o BEN HOLLING 400 Gleason Ave., Council Bluffs, IA 51503**

**\*\* PLEASE MAKE CHECKS PAYABLE TO: *SAINT ALBERT HIGH SCHOOL c/o Boys Basketball***

**\*\* PLEASE EMAIL ME WITH ANY QUESTIONS:** [**hollingb@saintalbertschools.org**](mailto:hollingb@saintalbertschools.org)

**PLAYER'S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE (FALL 2017): \_\_\_\_\_\_\_\_­\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ CURRENT SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**

**CIRCLE ADULT T-SHIRT SIZE: S M L XL**

I hereby authorize the members of the staff at Saint Albert Catholic High School to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp's personnel and Saint Albert from any liability for any injuries or illnesses incurred while in camp.

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Parent/Guardian's Name {Please Print} Parent/Guardian's Signature