

**2018 St. Albert Boys Summer Basketball Camps**

**Dates: June 4th – 6th (MON-WED)**

**All Camp Sessions Will Be Led By**

**St. Albert’s Coaching Staff and Players**

**Lil Falcons Camp**

**Boys Entering Grades 1-5 Cost: $70 (M-W) Time: 12:00-2:00 p.m.**

**Falcons Middle Camp**

**Boys Entering Grades 6-8 Cost: $70 (M-W) Time: 12:00-2:00 p.m.**

**Falcons Returners Camp**

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

**Location: Iowa West Fieldhouse**

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 St. Albert.

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**2018 ST. ALBERT’S FALCONS BASKETBALL CAMP REGISTRATION**

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

**\*\*THE COST OF EACH CAMP IS $70.00**

**\*\* MAIL IN THE FORM OR DROP IT OFF AT ST. ALBERT’S MAIN OFFICE**

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

**\*\* PLEASE MAKE CHECKS PAYABLE TO: *ST. ALBERT HIGH SCHOOL c/o Ben Holling***

**PLAYER'S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE (FALL 2018): \_\_\_\_\_\_\_\_­\_**

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

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

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

I hereby authorize the members of the staff at St. Albert 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 St. 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