

Loyola Blakefield

Basketball Camp 2009



July 6 th – July 10 th	9:00 am – 4:00 pm
July 20 th -- July 24 th	9:00 am – 4:00 pm

Playing in a state of the art fieldhouse, campers will learn ball handling, shooting techniques, team offense and defense and much more. The camp is directed for its seventh straight year by Loyola's head coach Josh Davalli, who was named Catholic Review Coach of the Year in 2006 and has played locally on the collegiate level at Towson University. The camp is coed with ages ranging from 6-15. Campers will be grouped according to age when they arrive to camp.

Four Basic Goals of the Camp:

1. That each camper has an enjoyable experience.
2. That each camper love the game more by the end of the week.
3. That each camper improve his skills.
4. That each camper learn how to continue that improvement after the camp.

Camp fee: \$290 (fee includes lunch)
(jdavalli@blakefield.loyola.edu)

Please complete both sides of this form, in full, and submit it with your registration fees.

Fill out a separate form for each camper you wish to register.

A 50% nonrefundable deposit is due upon registration for each camper. Full payment is due one week before the start of camp.

Extended care is from 7:45-8:45 AM and 4:15-5:15 PM and is \$35 per week.

Loyola Camps: 443-841-3326

Registration Form for Loyola Basketball Camp

Week(s) that you will be attending camp: _____

Camper's Name: _____

Date of Birth: _____ Grade (Fall): _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Tetanus (Date): _____

Parent/Guardian Name: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell: _____

Allergies: _____

Medications taken regularly: _____

Other health concerns: _____

Physician: _____ Phone: _____

Incase of illness, accident or other emergency, Loyola should contact:

Name: _____ Relationship: _____

Telephone #'s (h) _____ (w) _____ (c) _____

HEALTH INFORMATION: Provide information on any medical, psychological, or behavioral conditions, any medications, dietary restrictions, allergies, or special needs that we may need to be aware of to ensure that your child's camp experience is positive. _____

I authorize Loyola to permit such treatment as the attending physician may deem necessary, including surgery. It is hereby understood that you will hold Loyola Blakefield harmless against any claim of liability to any person or persons for personal injury or property damage in connection with your child's use of this property. In addition, you will hold Loyola Blakefield harmless from any such claim by others and will release Loyola Blakefield from any such liability to your child or anyone else.

Signature: _____(parent or guardian)

I give permission for my child to travel with Loyola Blakefield on authorized field trips. I understand that I will be notified in advance of any trips.

Signature: _____(parent or guardian)

Please complete this form, in full, and submit it with your registration fees. Fill out a separate form for each camper you wish to register.

Enclosed is my check for \$_____ to cover my deposit for all fees for the camps and services (extended care).

Please make checks payable to Summer at Blakefield and mail to:

Loyola Blakefield, P.O. Box 6819, Towson Maryland 21285-6819