



## NEASE BASKETBALL CAMP

**Week 1 May 31<sup>st</sup>-June 2<sup>nd</sup>**

**Week 2 June 6<sup>th</sup> - June 9<sup>th</sup>**

**Week 3 June 13<sup>th</sup>- June 16<sup>th</sup>**

### **Boys & Girls**

**Rising 6<sup>th</sup> - 8<sup>th</sup> Grade 9AM - 12PM**

**Rising 9<sup>th</sup> -12<sup>th</sup> Grade 12PM - 3PM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE NEXT FALL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE# \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE): YS YM YL AS AM AL XL 2XL 3XL

### **Circle the week(s) your child will be attending camp**

**Week 1 (3 days) COST: \$100**

**Week 2: - \$120.00**

**Week 3: \$120.00**

THE NEASE BASKETBALL CAMP FOR INCOMING 6TH THROUGH 12TH GRADE BOYS AND GIRLS IS DESIGNED TO PROVIDE PLAYERS WITH A SOLID FOUNDATION OF THE BASIC FUNDAMENTALS OF BASKETBALL. CAMPERS WILL ALSO LEARN SPORTSMANSHIP THROUGH TEAM AND INDIVIDUAL CONTESTS. THIS CAMP AND WILL BE A GREAT LEARNING EXPERIENCE FOR ANY AGE. THE CAMP WILL BE RUN BY NEASE HEAD BASKETBALL COACHES JOSH BAILEN & SHERRI ANTHONY , MEMBERS OF THE NEASE STAFF, AS WELL AS CURRENT AND FORMER NEASE PLAYERS. THE CAMP WILL BE HELD AT NEASE HIGH SCHOOL.

You may register early by mail or sign up the day of camp. Please mail completed form and make checks payable to:

**Nease Basketball  
10550 Ray Rd.  
Ponte Vedra, FL 32081**

For more information or questions, please contact Coach Bailen at (904) 477-3716 or via email at Joshua.Bailen@stjohns.k12.fl.us

***REVERSE SIDE MUST BE SIGNED***

# NEASE BASKETBALL CAMP

**WAIVER:**

I, as parent or guardian, hereby give permission for my child to participate in the NEASE BAKETBALL Camp. I acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the directors of NEASE BASKETBALL Camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost due to sickness or injury to my child. I hereby waive any claim I might have against the NEASE BASKETBALL CAMP, Camp Counselors/Staff and the institution providing the facilities.

X \_\_\_\_\_

Signature of Parent/Guardian

Date: \_\_/\_\_/\_\_

**MEDICAL HISTORY:**

Yes  No Medical conditions or pre-existing injury under treatment

Yes  No Allergy (food, drugs, asthma, etc.)

Yes  No Contact lenses or glasses

**Explain the above yes:**

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