
Cost: \$60.00 per camper

Includes all camp activities, instructions, commemorative t-shirt and end of camp pizza party.

WHAT ELSE SHOULD I KNOW?

Campers should wear appropriate attire for basketball workouts, including basketball shoes. Water will be provided for campers



To Register Contact:

Bob McCormack
Freshman/Assistant Varsity Coach
115 Homestead Street
Dunmore, PA 18512
570-309-1635 – Cell
570-344-8227



CAMPERS, COUNSELORS, AND COACHES

ARE YOU A GIRLS BASKETBALL PLAYER IN GRADES 4 THROUGH 8 (ENTERING 9TH IN 2019/2020 SCHOOL YEAR)?

DO YOU LOVE BASKETBALL?

Do you want to learn the skills necessary to play at the next level?

THIS IS THE SUMMER CAMP FOR YOU!

HOLY CROSS LADY CRUSADERS

Basketball Camp
July 22 – July 26, 2019
9AM – 1PM



Holy Cross Gym
Holy Cross High School
Dunmore, PA



Instruction will include offense, defense, and individual shooting. Each day will include competitive games that will emphasize the skills taught that day.

Registration:

NAME: _____

Grade: _____

School: _____

Address: _____

Telephone Number: _____

Shirt Size: (Adult) ___ S ___ M ___ L

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release The Diocese of Scranton, Holy Cross High School, Coach McCormack, its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may

have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the Commonwealth of PA.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of PA, without giving effect to its conflict of law principles.

PARENT/GUARDIAN

Dated: _____

**Please return with payment to:
Coach McCormack, 115
Homestead Street, Dunmore,
PA 18512**