



**St. John Berchmans
Summer Basketball Camp
2524 West Altgeld Street
Chicago, IL 60647-1911**

Week 1 (for all players entering Grades 5-8)

Dates: Monday, August 3, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)
Wednesday, August 5, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)
Thursday, August 6, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)
Registration fee: \$40 (\$20 for registered 2009-2010 St. John Berchmans students)

3-Day Camp is open to boys and girls entering grades 5 through 8 in the Fall of 2009. Players will improve their games through instruction, drill, and play. Fundamental aspects of the game will be covered in an encouraging environment. Coaches will emphasize the roles that fundamentals, teamwork, sportsmanship, character, and healthy lifestyles play in basketball success.

Campers need to be dressed in basketball attire and ready to play at 4:50 p.m. No jewelry, watches, or hats allowed in gymnasium. Basketball shoes only.

Name _____ Parent/Guardian Names _____

Parent/Guardian Email Address _____

Address _____ City _____ State _____ Zip _____

School _____ Grade in 2009-2010 ____ Age ____ T-shirt size _____

I hereby authorize the staff members of St. John Berchmans Summer Basketball Camp to use their best judgment in any emergency requiring medical attention. I hereby waive and release St. John Berchmans and all camp staff members from any and all liability for injuries or illness while in camp.

Parent/Guardian Signature _____ Date _____

Emergency Contact _____ Phone number _____

Camp limited to first 40 players registered. Call Matt Shrake at 773-294-2667 with questions.

Mail registration, Student Proof of Insurance, copy of Insurance Card, **St. John Berchmans Child/Minor Athletic Participation Release Form** and check payable to Matt Shrake to:

Matt Shrake
1052 West Wellington Avenue
Chicago, IL 60657-4339



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**Week 2 – Focused Skills Camps
1-Day Camps for experienced players entering Grades 7-9**

Registration fee: \$15/day or all 3 days for \$40 (\$8/day or all 3 days for \$20 for registered 2009-2010 St. John Berchmans students)
Campers need to be dressed ready to play at 4:50 p.m. No jewelry, watches, or hats allowed in gymnasium. Basketball shoes only.

Monday, August 10, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)

Shooting/Ballhandling

Players will work on individual offensive skills: protecting the basketball, managing possessions, and scoring effectively. At-home activities and drills will be taught so players can spend the next few months leading into basketball season improving their shooting and ballhandling skills.

Wednesday, August 12, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)

Post/Perimeter Play

Players will enhance their understanding of the game and work on communication skills required to work and move as a team. Players will work on passing, floor communication, and moving without the ball to build coordinated team offensive motion.

Thursday, August 13, 2009 5 p.m. – 7:30 p.m. (Gym will be open at 4:30 each evening)

Defense/Rebounding

Players will learn and practice individual defensive skills and receive an introduction to advanced team defense concepts. Players will work on developing effective individual rebounding habits and receive instruction in team rebounding concepts.

Name _____ Parent/Guardian Names _____

Parent/Guardian Email Address _____

Address _____ City _____ State _____ Zip _____

School _____ Grade in 2009-2010 _____ Age _____ T-shirt size _____

I hereby authorize the staff members of St. John Berchmans Summer Basketball Camp to use their best judgment in any emergency requiring medical attention. I hereby waive and release St. John Berchmans and all camp staff members from any and all liability for injuries or illness while in camp.

Parent/Guardian Signature _____ Date _____

Emergency Contact _____ Phone number _____

Each Camp limited to first 40 players registered. Call Matt Shrake at 773-294-2667 with questions.

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Student Proof of Insurance

Student _____

Grade _____

You have given permission for your child to participate in 2009 St. John Berchmans Summer Basketball Camp. To participate in this athletic event, we must have proof of insurance. Please fill out the information below completely. We would also like to have a copy of your insurance card on file.

Group Name _____

Group Number _____

Telephone Number of Insurance Company _____

Employee Name _____

Employee I.D. Number _____

***PLEASE RETURN THIS FORM AND A COPY OF YOUR INSURANCE CARD
WITH YOUR REGISTRATION***

FAILURE TO DO SO WILL MAKE YOUR CHILD INELIGIBLE FOR CAMP



**St. John Berchmans
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Child/Minor Athletic Participation Release Form

Child/Minor Name:
Address:
Parent/Guardian Names:
Telephone:

Important Information

The Catholic Bishop of Chicago (the CBC) and St. John Berchmans Parish (the Parish) are committed to conducting their athletic programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in their programs. The cost of such would make program fees prohibitive. Therefore, each person registering himself/herself or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program that you are waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: 2009 St. John Berchmans Summer Basketball Camp

Program Dates: August 3-13, 2009

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program, against the CBC and the parish, and their agents, servants, and employees.

I do hereby fully release and discharge the CBC and the parish and their officers, agents, servants, and employees from any and all claims from injuries, (including death), damage, or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC and the parish and their officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages, and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed hospital, physician, and/or other medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims, and Permission to Secure Treatment.

Parent/Guardian Signature

Date