

PROVIDENCE BASKETBALL



PHS GIRLS BASKETBALL SUMMER CAMP 2019

Date: June 3-5

Biddy Ballers K-1-2 grade 9-10:00 \$35

Future Hoopsters 3-4-5 grade 9-11 \$45

Generation NEXT 6-8 grade 9-12 \$50

**All Campers will receive a Camp T-shirt*

- Come learn from the 2015 and 2016 Sectional and Regional Champs!!!**
- Camp directed by PHS Girls Coach Brad Burden. PHS coaches and players serve as coaches and counselors.
 - Learn fundamentals that will help make you a better basketball player.
 - Play with peers from your own and other Deanery Schools.
 - HAVE LOTS OF FUN LEARNING AND PLAYING BASKETBALL!!!!
- Contact Coach Burden at bburden@providencehigh.net for more info.

P e r s o n a l C o n t a c t I n f o r m a t i o n

Player's Name: _____ Student's School: _____

Year in School as of fall '19: _____ Ht: _____ T shirt size: _____

Parent's Name(s): _____ Address: _____

Parent's E-mail(s): _____ Parent Cell Phone: _____

Summer Camp Only: _____ Summer Camp and Summer Shooting Series: _____

To register please mail to:

Providence High School ATTN: Brad Burden,
Providence High School
707 Providence Way, Clarksville, IN 47129.

**Please make check payable to Providence High School.*

PROVIDENCE BASKETBALL



SUMMER SHOOTING SERIES 2019

DATES: June/6, 9, 12, 19, 23, 26, 30 July/7, 8, 10

Time: 6-7:30 p.m.

Grades: 3-8th

-The very best way to improve your basketball skills this summer. Players will be put through skill work, challenges, competitions and charted progressions.

Prizes at end of the summer for players who reach certain benchmarks and milestones!!!!

-SHOOTING SERIES will be conducted and led by PHS and Academy Coaches and Players.

Cost: \$10 per session (pay as you go) or \$75 if you commit to 8 or more sessions. If you attend the PHS summer camp and do 8 or more sessions cost is only \$100 for both!!!!

P e r s o n a l C o n t a c t I n f o r m a t i o n

Player's Name: _____ Student's School: _____

Year in School as of fall '19: _____ Ht: _____ T shirt size: _____

Parent's Name(s): _____ Address: _____

Parent's E-mail(s): _____ Parent Cell Phone: _____

Pay as you go: _____ 8 Session or More: _____
Summer Camp and Summer Shooting Series: _____

To register please mail to:

Providence High School ATTN: Brad Burden,
Providence High School
707 Providence Way, Clarksville, IN 47129.

**Please make check payable to Providence High School.*



PROVIDENCE PIONEERS



PARENTAL AUTHORIZATION FOR ATHLETIC ACTIVITY PRIOR TO ENROLLMENT/ORIENTATION

Participant's Name: _____ Age: _____ Grade: _____

Address: _____

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

(For parents) I give permission for my child to take part in Our Lady of Providence school sponsored athletic activities in Open Gym/Facilities/Training on and outside of the school property. In consideration of the opportunity for my child to participate and fully recognizing that such undertakings involve an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis, Our Lady of Providence Jr/Sr High School, its agents, employees and officers, and the coaches, chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of Indianapolis, Our Lady of Providence Jr/Sr High School, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. We the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Parent Signature: _____ Date: _____

In case of injury/illness, contact: _____ At: _____

If cannot be reached, contact: _____ At: _____

The following are special circumstances regarding my child you should be aware of: _____

List of Activities or See Attached: _____
