



Belvoir Christian Academy Basketball Camp 2017

June 5 - 9 9 a.m. - 12 p.m.



CAMP FEE: \$60 per child.

Fee includes T-shirt and basketball.

AGES: Rising 3rd - 8th graders

DAILY CAMP ACTIVITIES/SCHEDULE

| | |
|-------|-------------------------|
| 9:00 | Attendance & Stretching |
| 9:15 | Ball Handling Stations |
| 9:50 | Passing Stations |
| 10:15 | Break |
| 10:30 | Free Throw Contest |
| 11:00 | Defense Instruction |
| 11:30 | Play Basketball |
| 12:00 | Dismissal |

We will have many **CONTESTS** each day, such as shooting for basketball cards, hot-shot contest and free throws, as well as contests based on skills. At the end of the week, we will also name one of the athletes as **"Outstanding Camper of the Week"**.

Camp hours are 9 a.m. to 12 p.m., with the gym open at 8:30 a.m. for early practice. **Please pick up your child on time. There will be a late charge of \$5 for every half-hour after 12 p.m.** Campers will receive a T-shirt and a basketball. **Be sure that your child brings his or her basketball to camp each day.**

**PLEASE COMPLETE THE INFORMATION BELOW and RETURN TO THE BCA OFFICE -
800 Belvoir Ave., Chatt., TN 37412 or by fax 423-622-0177. For more information,
contact Frank Streufert, Athletic Director, at 423-622-3755 or fstreufert@bcalions.org.**

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone # _____

Emergency Contact# _____

Student's Current School _____

Grade this fall _____ Male _____ Female _____

T-shirt size: Adult size _____ Youth size _____ S _____ M _____ L _____ XL _____

AUTHORIZATION TO PARTICIPATE:

I hereby request that you accept this application for the enrollment of my child into the 2016 BCA Basketball Camp on the dates of June 5 - 9, 2017. In consideration of your acceptance of this application, I hereby release BCA, its employees, the camp director and the camp staff from all claims on account of any injuries or illnesses which may be sustained by my child while attending the camp; and I agree to indemnify BCA, its employees, the camp director and the camp staff for each claim which may hereafter be presented by my child as a result of any injuries or illnesses. I certify that my child is medically fit to participate in the BCA Basketball Camp.

Medical Insurance Co./Policy#: _____

Parent Signature: _____

Date: _____