



PCS Girls Basketball

Summer Camp

June 19th-22nd, 2018



WHO:

This year we are excited to offer a summer camp opportunity to all of our PCS students interested in girls basketball! Our camp will run 9am-11:30am for our incoming 3rd-8th grade girls and 9am-2pm for our incoming high school players! Varsity coaches Kristi McCartney and Rose Istre will serve as the camp directors and will be assisted by other PCS coaches, former players and parents.

WHAT:

This camp offers solid instruction in fundamental skills and tactical strategies of the game of basketball. Daily competitions, drills and individual instruction build offensive and defensive skills, personal confidence and team performance. Each day we will also consider Christian character values and a biblical perspective on athletic competition.

WHEN: June 19-22, 2018

- Camp is Tuesday through Friday, June 19-22, 2018
- Camp runs from 9am-11:30am daily for incoming 3rd through 8th players.
- Camp runs from 9am-2pm daily for incoming high school players.
- There is no morning or afternoon care this year.
- Snack is provided for all campers. Lunch is provided for high school players only. (*Girls can bring a sack lunch for special dietary needs. A refrigerator is available for use.*)
- There will also be a time of daily devotions.

WHERE:

Games and instruction take place in the PCS Gym at the Westport Road Campus (8509 Westport Rd.)

COST:

Cost Includes: Camp Registration Fees, Daily Coaching & Instruction, T-Shirt, Water Bottle, Snack, Lunch, Summer Training Program and an unforgettable experience!

Incoming 3rd-8th Player

\$50/camper – Early Bird Special - Register by May 25th

\$60/camper after earlybird deadline (*May 25th, 2018*)

Incoming High School Player

\$75/camper – Early Bird Special - Register by May 25th

\$85/camper after earlybird deadline (*May 25th, 2018*)

For families with multiple campers, the first child will pay the full cost and the remaining campers will each pay \$35/camper. There is a \$150 family maximum.

Note: *There are a limited number of scholarships available for campers who would like to apply. Please email Coach Kristi McCartney at kristi.mccartney@portlandchristian.org for a camp scholarship opportunity.*



**PORTLAND CHRISTIAN SCHOOL
GIRLS BASKETBALL SUMMER CAMP
2018 REGISTRATION FORM**



Name of Camper: _____ Age: _____

Grade (2018-2019 School Year): _____ School (if not PCS): _____

Address: _____

My child is planning to attend from 9am-12pm daily

My child is planning to attend the extra session and will be there from 9am-2pm daily (*incoming high school students only*)

Parent email(s): _____

Parent Daytime Phone: _____ Parent Cell Phone: _____

Emergency Contact Name and Phone Numbers:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

Medical Conditions, Medications or Allergies: _____

High School Players Lunch Options:

My child plans to eat the camp lunch (Chick-fil-A entree, chips, fruit, veggies, cookie)

My child needs a gluten free entree (grilled Chick-fil-A nuggets daily)

My child plans to bring their own lunch due to dietary restrictions

T-Shirt Size (CIRCLE)

Youth: S M L XL Adult: S M L XL XXL

Please complete back of this page and return completed registration with payment to the office (Attn: Marie Settle, Girls Basketball Camp Registration)

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

I give permission for _____ to attend the Portland Christian School Girls Summer Basketball Camp June 19-22, 2018. I acknowledge and agree that I understand the nature of the summer camp and that my child is qualified, in good health and in proper physical condition to participate. I understand that there are certain inherent risks and dangers associated with the camp, and I knowingly and voluntarily accept and assume responsibility for each of these risks. By signing, I agree to release, waive and discharge liability for any person injury, accident or illness (including death) and/or property loss, however caused. I further give permission to the coaches, parent volunteers and all adult chaperones of this camp to acquire medical attention for the above named child should it become necessary. I understand that I am financially responsible for any such medical treatment.

Student's Name (please print)

School

Student and Parent/Guardian Address including City, State, and Zip

Signature of student

Date

Please list above any health concerns this student may have, including allergies and medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

REQUIRED INSURANCE INFORMATION

Insurance Carrier

Policy Number

EMERGENCY CONTACT INFORMATION

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone