

2025 BASKETBALL CAMP

JULY 28th – August 8th 8:30AM – 4:00PM

Ages 6-17yrs

PERMISSION SLIP

Basketball camp will be offered Monday thru Friday, for 2 weeks. July 28th – August 8th (8:30AM – 4:00PM). The purpose of the basketball camp is to provide the community youth with fun filled days of learning basketball fundamentals, basketball conditioning, skill development, ball handling, team work and much more. Each day will consist of professional instruction. Please wear proper basketball attire and do not bring any valuables. The Staff is not responsible for lost valuables. Breakfast, lunch, snack, water and Gatorade will be provided every day. Breakfast is at 8:30AM and camp starts at 9:00AM. **Drop off at the MIS cafeteria, pick up at the New Gym at 4:00pm.** All children must be picked up on time!

- 1) **PRE & POST TESTING** – This will consist of the child/s height, weight and blood sugar (for those 10 and over) being taken the first and last day of the camp.
- 2) **EMERGENCY TREATMENT AND CARE** - In the event any child/ren is sick and/or injured during this program, they will be taken to the Health Clinic for care and/or treatment.
- 3) **BASKETBALL CAMP** – Participants meet for breakfast 8:30AM in the MIS cafeteria and then go to the New Gym for the day's activities (starting at 9:00AM). **Your child/ren must be picked up at the New Gym at 4:00PM.**

In order for your child/ren to participate, please return this permission slip:

I, _____ (parent/guardian), give the below listed child/ren permission to participate in any/all activities of the Summer Wellness Basketball Program.

- | | |
|------------------------------------|------------------------------------|
| 1) _____ Age _____ Birthdate _____ | 2) _____ Age _____ Birthdate _____ |
| 3) _____ Age _____ Birthdate _____ | 4) _____ Age _____ Birthdate _____ |

Please circle your child's dismissal option.

Pick Up ONLY

Child is allowed to stay at Gym after camp age 13 and over only

ONLY THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILDREN

- | | |
|------------------------|------------------------|
| 1) _____ Phone # _____ | 2) _____ Phone # _____ |
| 3) _____ Phone # _____ | 4) _____ Phone # _____ |

Parent/Guardian Signature

Date

Please List any skills or techniques your child would like to work on during the camp.

PLEASE RETURN PERMISSION SLIP(S) TO THE WELLNESS CENTER OR HEALTH CLINIC. Questions? Call the Anna Van Stippen at 305-223-8380 ext 7281.

Emergency contact Information:

Name: _____ **Phone#:** _____

2nd Contact _____ **Phone#:** _____