

Basketball Camp 2023

with Coach Printy



Palmer Catholic Academy Summer Basketball Camp

Campers will work on:

- basketball fundamentals
- advanced dribbling techniques
- shooting drills
- defensive concepts
- offensive skills
- team building through scrimmages and other activities

Campers **MUST** have a completed and notarized Catholic Schools Physical on file at PCA to participate. FORMS available at www.pcapvb.org

CAMP DATES / TIMES
MONDAY THROUGH THURSDAY

June 12 - June 15

9:00 am to 12:00 pm

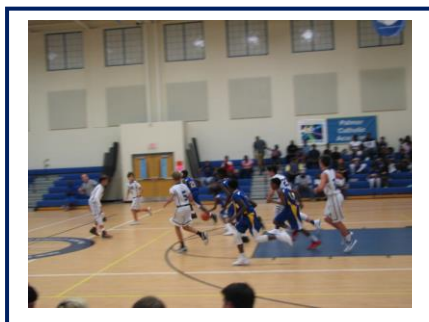
Camper grades: Rising 5th – Rising 8th



Cost per camper: \$250

Make checks payable to:

Palmer Catholic Academy

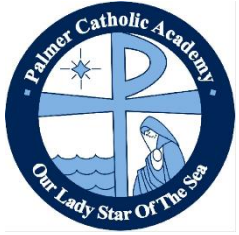


**SPOTS ARE LIMITED! SIGN UP
SOON TO SECURE A SPOT!**

Please bring plenty of water
and a snack each day.



Mission: Palmer Catholic Academy of Our Lady Star of the Sea Catholic Church provides a Catholic and Christ-centered educational environment that inspires all students to reach their full spiritual and academic potential and become responsible, respectful, and reverent disciples of Christ. **Vision:** PCA will create a loving, caring, safe, state-of-the-art, educationally motivating, faith-based school for all types of learners to allow them to become the best version of themselves.



CAMP REGISTRATION



CAMP NAME: PCA Basketball Camp

\$250 per week, per camper

Campers Name(s)/Ages: _____

Contact Information:

Parent's Name(s): _____

Daytime Phone(s): _____

Other phone(s): _____

E-mail(s): _____

Emergency Contact: _____

Phone Number: _____

Please list any known allergies or anything we should know about your camper(s):

Please make checks payable to Palmer Catholic Academy

For Office Use Only

Total amount due: \$ _____

Check #: _____

Date Paid: _____

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CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAME: _____ DOB: _____

CIRCLE YES OR NO (FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
- YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
- YES NO LIVER OR KIDNEY PROBLEMS _____
- YES NO PREVIOUS STROKES – C.V.A. _____
- YES NO DIABETES _____
- YES NO EPILEPSY _____
- YES NO RESPIRATORY DIFFICULTIES _____
- YES NO BROKEN BONES _____
- YES NO SENSORY DISTURBANCES _____
- YES NO ARTHRITIS OR JOINT PROBLEMS _____
- YES NO SPECIAL DIET RESTRICTIONS _____
- YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
- YES NO PRESENTLY HAVE A PACEMAKER _____
- YES NO ANY PRESENT VISUAL PROBLEMS _____
- YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
- YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
- YES NO ANY ALLERGIES _____
- YES NO CONCUSSIONS (LIST DATES) _____

LIST CURRENT MEDICATIONS _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

 PARENT OR GUARDIAN SIGNATURE DATE

PHYSICAL EXAM BY PHYSICAN

Height (inches) _____	Weight (pounds) _____
Blood Pressure _____	Pulse _____
Vision _____	Contacts/glasses _____

	WNL	ABN		WNL	ABN
HEENT _____			ANKLE _____		
NECK _____			ALIGNMENT _____		
LUNGS _____			STABILITY _____		
HEART _____			FEET _____		
ABDOMEN _____			KNEE _____		
GENITALS _____			MCL _____		
SKIN _____			LCL _____		
NECK _____			ACL _____		
SPINE _____			PCL _____		
SHOULDER _____			MENISCUS _____		
STABILITY _____			PATELLA _____		
IMPINGEMENT _____			PAIN _____		
ELBOW _____			APPREHENSION _____		
WRIST _____			CREPITATION _____		
HAND _____			FUNCTIONAL TEST _____		
HIP _____			ONE LEG HOP _____		
			FULL SQUATS _____		

NEEDS FURTHER EVALUATION YES NO
 CLEARED FOR PARTICIPATION YES NO

COMMENTS: _____

 PHYSICIAN'S/NURSE PRACTITIONER'S/PHYSICIAN'S ASSISTANT'S SIGNATURE DATE