

# 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.





### CAMP NAME: PCA Basketball Camp

\$250 per week, per camper

Campers Name(s)/Ages:	
	_
Contact Information:	
Parent's Name(s):	
E-mail(s):  Emergency Contact: Phone Number:	
Please list any known allergies or anything we should know about your camper(s):	
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Please make checks payable to Palmer Catholic Academy	
*For Office Use Only*	
	Total amount due: \$
	Check #:
	Date Paid:



### CATHOLIC GRADE SCHOOL SPORTS CONFERENCE STUDENT ATHLETIC PARTICIPATION APPLICATION

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name	First	Middle Initial	Application Date	
This application to compete in inter	scholastic athletics for	School is er	ntirely voluntary on	my part and is made with the
understanding that I have not violated	d any of the eligibility rules and regulati	ons.		
			Signature of Studen	
his/her school. I agree to allow the a discharge the Diocese of St. August	hereby give my consent for the above above-named student to be a passenge ine, Bishop Erik T. Pohlmeier, damage resulting or occurring during tr	er in a privately operated vehic Scho	cle to and from athle col, its agents and o	
Date	Signature of Parent or Guardi	an		
Street Address	c	ity	Zip	Tel. #
The patient and others, whose signal operations, which may be deemed a being to grant authority to administe which may now or during the course every reasonable effort is made to a	RELEASE: SIGN THIS SECTION ON tures appear below, do hereby consent dvisable by his/her physicians and sur- per and to perform all and singularly and of the patient's care be deemed advis- contact parents/guardians prior to admind I submit authorization for responsib-	It to any and all medical, denta geons as a result of his/her pa by examinations, treatments, a able and necessary. This form mitting the patient for necessary.	al and surgical treat articipation in athleti anesthetics, operati will be used only in ary treatment. Cons	tments including anesthesia and ic activities. The intention hereof ions, and diagnostic procedures in case of emergencies and after sent is also given for release of
Jacksonville Orthopedic Institute to re training for and participation in athleti and can only be shared with a coa information may concern the studer	ereby authorize the physicians, athlet elease information regarding my studerics atS ch, athletic director, or school official at athlete's medical status, medical coation. This protected information maySchool athletics.	nt athlete's protected health in chool. This information is only in connection with participat ondition, injuries, prognosis, or	formation and rega to be used for the to tion in interscholast diagnosis, athletic p	rding any injury or illness during betterment of the student athlete ic sports. This protected health participation status, and related
SIGNATURES (both required):				
Minor Patient	F	arent or Guardian		
Address (if different)				
Family Physician		Emergency Tel. #		
STATE OF FLORIDA COLINTY OF		hefore me personally appea	red	
To me well known and known to me executed said instrument for the purp	to be the person described in and w	ho executed this foregoing in	strument and ackno	owledged to and before me that
Notary Public, State of Florida at Larg	ge	Date	(Seal)	
Notwithstanding such warnings, and	do hereb	that our/my chik death, by participating in t g of the risk of serious injury to	e been fully advised I named above may the sport of to our/my child name	d, cautioned and warned by the y suffer serious injury, including ed above which may result, we/l
Witnesses		_ Signature of Parent/Guardia	an	
		Date		
A Physical exam forms must	be on file with the school before tryouts	s/practice.		
B Medical history on reverse	side must be completed by parent or g	uardian.		



### CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S	NAME:				DC	B:	
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			IBE YES ANSWER				
	HIST	ORY OF HIGH BL	UUD PRESSURE _	DIOFACE			
YES NO	HIST	ORY OF HEART	OR BLOOD VESSEL	DISEASE			
YES NO	LIVE	R OR KIDNEY PR	OBLEMS				
YES NO	PRE	VIOUS STROKES	- C.V.A				
YES NO	DIAE	BETES					
YES NO	EPIL	EPSY					
YES NO	RES	PIRATORY DIFFIC	ULTIES				
YES NO		KEN BONES					
YES NO	SEN	SORY DISTURBAL	NCES				
YES NO	ART	HRITIS OR JOINT	PROBLEMS				
YES NO	SPE	CIAL DIET RESTR	ICTIONS				
YES NO	PRE	SENTLY HAVE AN	Y METAL IMPLANT	S			
YES NO	PRE	SENTLY HAVE A	PACEMAKER				
YES NO		PRESENT VISUA					
YES NO	ANY	PRESENT HEARI	NG PROBLEMS (HI	EARING AID)			
YES NO	ANV	LINUIGAL DEACTI	ON TO HEAT OF CO				
YES NO							
YES NO	ANY	ICHEROIES (LIET	DATES)				
	CUIT MEDICA	TIONS (LIST	DATES)				
LIST CURR	ENT MEDICA	TIONS					
LIST PREVI	OUS MAJOR	HOSPITALIZATIO	N/SURGERIES				
		SIGNATURE				DATE	
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				L.	2111110101111		
Height (inch	es)				Weight (pounds)		
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Vision					Contacts/glasses		
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HEENT					ANKLE		
NEOU							
LUNGS					CTABILITY		
					STABILITY		
HEART					FEET		
ABDOMEN .					KNEE		
GENITALS.					MCL		
SKIN					LCL		
NECK					ACL		
SPINE					PCL		
SHOULDER	1				MENISCUS		
STAB	ILITY				PATELLA		
IMPIN	IGEMENT				PAIN		
ELBOW					APPREHENSION		
WRIST					CREPITATION		
HAND					FUNCTIONAL TEST		
HIP					ONE LEG HOD		
		-			ONE LEG HOP		
NEEDO EL		LITION	VEC	***	FULL SQUATS		
	RTHER EVAL		YES	NO			
	OR PARTICI	PATION	YES	NO			
COMMENTS	S:						
			/SICIAN'S ASSISTA				