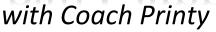


# Basketball Camp 2024





### 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 Catholic Schools Physical on file at PCA to participate. FORMS available at www.pcapvb.org

#### CAMP DATES / TIMES

**MONDAY THROUGH THURSDAY** 

June 10 - June 13

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):	
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	
understanding that I have not violat Parent or Guardian's permission: his/her school. I agree to allow the discharge the Diocese of St. Augu	erscholastic athletics fored any of the eligibility rules and regulations.  I hereby give my consent for the above stu above-named student to be a passenger in stine, Bishop Erik T. Pohlmeier,y damage resulting or occurring during transp	dent to engage in school a privately operated vehic Scho	Signature of Student approved athletic act cle to and from athletic col, its agents and emp	ivities as a representative of events. I hereby release and
Date	Signature of Parent or Guardian			
Street Address	City _		Zip	_ Tel. #
operations, which may be deemed being to grant authority to adminis which may now or during the cours every reasonable effort is made to	atures appear below, do hereby consent to advisable by his/her physicians and surgeor ter and to perform all and singularly any ex e of the patient's care be deemed advisable o contact parents/guardians prior to admittin and I submit authorization for responsible the	ns as a result of his/her pa xaminations, treatments, a and necessary. This form ng the patient for necessary	articipation in athletic a anesthetics, operations will be used only in ca ary treatment. Consent	ctivities. The intention hereof s, and diagnostic procedures ase of emergencies and after t is also given for release of
Jacksonville Orthopedic Institute to training for and participation in athle and can only be shared with a co information may concern the stud	hereby authorize the physicians, athletic trelease information regarding my student at etics atSchool ach, athletic director, or school official in cent athlete's medical status, medical condimation. This protected information may beSchool athletics.	thlete's protected health in ol. This information is only connection with participat ition, injuries, prognosis, of	formation and regardir to be used for the bett ion in interscholastic s diagnosis, athletic part	ng any injury or illness during terment of the student athlete sports. This protected health ticipation status, and related
SIGNATURES (both required):				
Minor Patient	Parei	nt or Guardian		
Address (if different)				
Family Physician	E	Emergency Tel. #		
Notwithstanding such warnings, an	ACKNOWLEDGEMENT OF do hereby as g personnel of res, brain damage, paralysis or even dead with full knowledge and understanding of to participal	cknowledge that we/l haw that our/my child ath, by participating in the the risk of serious injury to	e been fully advised, of I named above may s he sport of	
Witnesses	S	ignature of Parent/Guardia	an	
		-		
	t be on file with the school before tryouts/pra			
B Medical history on revers	e side must be completed by parent or guard	fian.		



### CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

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PHYSICAL EXAM BY PHYSICAN  PHYSICAL EXAM BY PHYSICAN  Weight (pounds) Pulse Contacts/glasses  WNL ABN  HEENT NECK ALIGNMENT STABILITY HEART ABDOMEN GENITALS SKIN NCL SKIN NECK ACL SPINE SPINE SPIOLE SPIOLE SHOULDER STABILITY IMPINGEMENT ELDOW WRIST HAND HEEDS FURTHER EVALUTION CCMMENTS:  NO COMMENTS:  PHYSICAL EXAM BY PHYSICAN  Weight (pounds) Pulse Contacts/glasses  WNL ABN  ANKLE ALIGNMENT STABILITY HEET ALIGNMENT STABILITY HEET ALIGNMENT STABILITY PATELLA MENISCUS STABILITY HAND FUNCTIONAL TEST ONE LEG HOP FULL SQUATS NO CCMMENTS:							
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PHYSICAL EXAM BY PHYSICAN  PHYSICAL EXAM BY PHYSICAN  Weight (pounds) Pulse Contacts/glasses  WNL ABN  HEENT NECK ALIGNMENT STABILITY HEART ABDOMEN GENITALS SKIN NCL SKIN NECK ACL SPINE SPINE SPIOLE SPIOLE SHOULDER STABILITY IMPINGEMENT ELDOW WRIST HAND HEEDS FURTHER EVALUTION CCMMENTS:  NO COMMENTS:  PHYSICAL EXAM BY PHYSICAN  Weight (pounds) Pulse Contacts/glasses  WNL ABN  ANKLE ALIGNMENT STABILITY HEET ALIGNMENT STABILITY HEET ALIGNMENT STABILITY PATELLA MENISCUS STABILITY HAND FUNCTIONAL TEST ONE LEG HOP FULL SQUATS NO CCMMENTS:							
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Height (inches)   Blood Pressure   Pulse   Contacts/glasses							
Height (inches)   Blood Pressure   Pulse   Contacts/glasses			PHYS	ICAL EXAM	RY PHYSICAN		
Pulse   Contacts/glasses				IVAL LAAM	DIFINOIDAN		
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WNL ABN WNL ABN  HEENT ANKLE NECK ALIGNMENT STABILITY HEART FEET ABDOMEN GENITALS MCL SKIN LCL NECK ACL SPINE SPINE SHOULDER MENISCUS STABILITY IMPINGEMENT PAIN ELBOW APPREHENSION WRIST CREPITATION HAND FUNCTIONAL TEST HIP ONE LEG HOP FULL SQUATS  NO COMMENTS:							
HEENT	Vision				Contacts/glasses		
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GENITALS  SKIN  NECK  SKIN  NECK  SPINE  SHOULDER  STABILITY  IMPINGEMENT  ELBOW  WRIST  HAND  HAND  HAND  NEEDS FURTHER EVALUTION  COMMENTS:  MCL  MCL  MCL  MCL  MCL  ACL  MCL  ACL  MCL  ACL  MCL  ACL  MCL  ACL  MCL  ACL  MENISCUS  PATELLA  PAIN  APPREHENSION  CREPITATION  FUNCTIONAL TEST  ONE LEG HOP  FULL SQUATS  NO  COMMENTS:	ABDOMEN				KNEE		
SKIN_NECK ACL SPINE PCL SHOULDER MENISCUS STABILITY PATELLA IMPINGEMENT PAIN ELBOW APPREHENSION WRIST CREPITATION HAND FUNCTIONAL TEST ONE LEG HOP FULL SQUATS  NEEDS FURTHER EVALUTION YES NO CCEMBENTS:	GENITALS				MCI		
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WRIST CREPITATION HAND FUNCTIONAL TEST ONE LEG HOP FULL SQUATS  NEEDS FURTHER EVALUTION YES NO CLEARED FOR PARTICIPATION YES NO COMMENTS:	IMPINGE	MENT			PAIN		
WRIST HAND HIP ONE LEG HOP FULL SQUATS  NEEDS FURTHER EVALUTION CLEARED FOR PARTICIPATION YES NO COMMENTS:  CREPTIATION FUNCTIONAL TEST ONE LEG HOP FULL SQUATS  NO COMMENTS:	ELBOW				APPREHENSION		
HAND	WRIST				CREPITATION		
NEEDS FURTHER EVALUTION YES NO CLEARED FOR PARTICIPATION YES NO COMMENTS:					FUNCTIONAL TEST		
NEEDS FURTHER EVALUTION YES NO CLEARED FOR PARTICIPATION YES NO COMMENTS:	HIP				ONE LEG HOP		
NEEDS FURTHER EVALUTION YES NO CLEARED FOR PARTICIPATION YES NO COMMENTS:					FULL SQUATS		
CLEARED FOR PARTICIPATION YES NO COMMENTS:	NEEDS EURTH	ER EVALUTION	VES	NO	. 022 0401110		
COMMENTS:							
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	COMMENTS:						