



Braden River Summer Basketball Camp



When: *Week #1-June 13-16th, Week #2-June 20-23th & Week #3-June 27-30th (Mon.-Thurs.)*
(Boys & Girls can participate in any or all of these 3 weeks)

Where: Braden River High School Gym (SR-70 & Caruso Rd.)

Ages: & Times: students entering grades **3rd -9th grades-8:30am-12:00pm**

Camp Includes: Camp T-shirt, Daily Awards and a Basketball (if registered before 6/1/16)

Cost: \$315 for all 3 weeks (1 week-rate \$120, 2 week rate \$220)

MCSB members 10% discount availableFamily Rates (5%) & Financial Aid Available

** Can access registration form at www.bradenriverbasketballcamp.webs.com **

Camp Director & Counselors:

- **Coach Jason Mickan**-Head Coach-Braden River HS
- **Coach Tom McCarthy, Jim Lacey & Javar Baity**-Assistant & JV Coaches-BRHS
- **Braden River HS Players**-Counselors & Coaches

Philosophy: Our philosophy is to provide each player with the fundamental skills that will aid in their individual development. More importantly, we will offer a fun and positive teaching environment. Campers will improve through individual instruction, skill stations, competitions and team games. Awards are given each camp day for **“Camper of the Day”, “Hustle Award” and “Best Attitude”**.

Completed Registration Form with payment reserves camper spot

Online Handout

Camper name:_____ Parent name:_____

Camper address:_____ City:_____ State:_____ Zip code:_____

Home phone:_____ Work:_____ Cell:_____

E-Mail address:_____ Circle what weeks attending: 1st 2nd 3rd wks

Date of Birth:_____ Age:___ Sex:___ Height:_____ Weight:_____

School attending in fall:_____ Grade level entering:_____ Position:_____

Circle T-shirt size: Youth Medium Youth Large **Adult:** Small Medium Large X-large

Parent/Guardian Consent

I certify that my child is in good health, and may participate in all camp activities. I acknowledge that I have appropriate medical coverage. In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital, and I hereby waive and release Braden River HS, Jason Mickan and staff from any liability or injury incurred to camper while attending the camp. Camp Director has authority to dismiss campers for Drugs and alcohol or bad behavior with no refunds.

Insurance Company name: _____ Policy #: _____

(All campers must have own medical insurance coverage)

Parent or Guardian (Please print)

Parent or Guardian Signature

Mail completed application with payment to:

4850 51st Street West Apt 9202, Bradenton Fl 34210

(Make checks payable to: BR B-Ball Club, Inc.)*not to the High School*

Please contact Head Coach Jason Mickan @ 941-545-2434 with any questions.