

18th Lady Raider BASKETBALL CAMP At Cal-Mum School

INFORMATION

This camp is open to girls currently in grades 2 – 10. The girls will be broken into the age/ability groups from the ages listed below. Sophomores will not be competing with or against elementary age kids. We will be teaching skills and developing skills the girls already possess. We will have group and individual contests using the skills that are being worked on. We will be playing ½ court and full court games. Gym will stay open through lunch (11-11:30) for those players participating in the morning and afternoon session. Have them bring a lunch. Contact Coach Reed with any special requests or questions. **All sessions in High school gym.**

DATES

July 26-29

AGE GROUPS / TIMES (Grade Entering in Fall 2021)

Grades 2-11

Morning Session 8:30-11:00 am (4 Sessions)

Afternoon Session 11:30-2:00 pm (4 Sessions)

COST

4 Sessions (Morning OR Afternoon) \$50

8 Sessions (Morning AND Afternoon) \$75

* Non Cal-Mum resident add \$5 to cost

* Group discount – 5 or more from same school (not CM) waive the \$5 non-resident fee.

COACHES

Mike Reed – Varsity coach at Cal-Mum (Phone 538-6811 X 3411)

Griffin Mervine – Current Modified Coach

Current Varsity players may also help out with the younger group.

(Detach here) * **Free Camp T-Shirt to all players signed up by July 15thth*** (Detach here)

Name _____ Grade _____ Home Phone _____
Address _____ T-Shirt size Y or A _____
Parent/Guardian _____ Work Phone _____ Email _____

In case of injury, I understand that I will be contacted. In the event that I am not immediately available my child will be sent to the emergency room for evaluation. Please list your child's physician and an emergency number that we can get in touch with someone if you are not available.

Emergency Contact _____ Phone _____
Physician _____ Phone _____

MEDICAL WAIVER

My daughter is in good physical health and has not had any injuries that prevent her from participating in all camp activities. I understand that in case of injury my medical insurance will be used, and by signing verify that my child is covered by my family insurance. **Please list any conditions we should know of on the back of this form (allergies etc).**

Parent / Guardian Signature _____ Date _____

Send with check to : Mike Reed at CMCS , 99 North Street, Caledonia NY 14423
Make check payable to Mike Reed