**MO CASSARA’S**

2017 COMMUNITY COACH

SUMMER BASKETBALL CAMP – July 24-27

Boys and Girls grades 4-8 (Fall’17)

Camper (full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys Camp \_\_\_\_\_\_\_\_ Girls Camp \_\_\_\_\_\_\_\_

Current Age / Date of Birth: \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_Grade (Fall ‘17) \_\_\_\_\_\_\_\_\_

Parents / Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents / Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name / #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name / # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse. Camp will not be responsible for injury or illness if not caused through fault of camp. I hereby authorize the directors to act accordingly in their best judgment in any emergency if I cannot be contacted.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed form with $100.00 deposit to: Community Coach, LLC**

**Mail to: Mo Cassara C/O Community Coach, LLC**

**PO Box 811 - Point Lookout, NY 11569**

[**Mo.cassara@gmail.com**](mailto:Mo.cassara@gmail.com) **- 516-660-3053 (cell)**

**Here are some details and information for the boys and girls (grades 4-8 in the Fall’17) Community Coach Basketball Camp July 24-27, 2017**

**Location:  The Bishop Molloy Recreational Center, 15 Parkside Drive, Point Lookout, NY**

**Time: 9:00am – 12:00pm Monday - Thursday (July 27th camp day will end at 11:30am followed by a short awards ceremony - parents, friends, and family welcome)**

**What to bring: Campers will need to be dressed in athletic attire (shorts, socks, sneakers, shirts). Campers may also bring drinks, snacks, hats, and sunscreen - as we will be inside and out. Please bring a bag with name on it for personal items.**

**Drop off / Pick up: Campers can be dropped off starting at 8:45 am and picked up no later then 12:15am please. A staff supervisor will be there to meet and greet and for pick up.**

**Registration: Monday morning starting at 8:45am you can complete registration with a check for balance due. We will accept walk up’s, but please try and let me know in advance if possible. Cost is $200.00 / $100.00 deposit.  A donation to OLMM parish & The Bishop Molloy Recreation Center will be made from Community Coach Camps, LLC at the end of the camp week.**

**News and notes:**

**This camp will be 3.0 hours of basketball skills, activities, and teaching. We will have fun competitions and keep all skill levels and ages engaged and entertained. We will be inside and outside and kids will be supervised at all times. We will also provide water and take appropriate “time-outs” as it will be hot. Campers will all get a Community Coach Camp tee shirt on the last day of camp.**

**Follow Community Coach on Facebook for summer updates!**