



# Bernardian Basketball Camp 2019



## Camp Dates

### Boys & Girls

Mon. June 24th -Thurs. June 27th

9am-Noon

Students Going into Grades 2-9

## Camp Location

St.Bernard's Activity Center

260 Summer St. Fitchburg, MA

## Coaches

Head Boys Basketball Coach  
Paul Constantino & STB Staff

Head Girls Basketball Coach  
Kate Dellechiaie & STB Staff

## Cost

Pre-registration: \$80 per camper

Day of Registration: \$90 per  
camper

Ask about our sibling discount!

## You will need...

- Athletic shirt, shorts, socks and shoes
- Towel & Water Bottle

## Camp Emphasis

- Fundamentals
- Defense
- Shooting
- Ball Handling
- Footwork
- Positive Communication

Mail Registration Forms to:

Kate Dellechiaie 28 Woodworth Ave Fitchburg, MA 01420 978-855-3605 or cmaki4@gmail.com

\*Please fill out the attached registration & checks can be made to St.Bernard's Basketball

**Camp T-Shirt Included - Daily Contests & Hustle Awards - Skills, Drills & Fun!**

Bernardian Basketball Camp  
Registration Form 2019

Player Name: \_\_\_\_\_ Going into Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Please Circle

Adult T-shirt Size: XS      S      M      L      XL      XXL      XXXL

I, the parent/guardian, agree by enrolling my son/daughter that he/she is physically and mentally able to participate in all the camp activities. In case of medical emergencies, I understand that every attempt will be made to contact parents or guardians. If cannot be reached, I hereby give my permission to the physician selected by the staff to secure medical treatment and hospitalize my child if necessary. I understand that my medical insurance is expected to cover my child for all injuries. I agree not to hold St. Bernard's High School and staff responsible for any athletic, dental or bodily injury that may occur to my son/daughter while attending camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**STB Athletics Emergency Form STB Athletics Emergency Form 2018-2019**

Student Name (First and Last):			
Home / Mailing Address:			
City, State and Zip Code:			
Student Home Phone   Cell Phone			
Student Birth Date			
Parent[s] / Guardian[s]			

**Emergency Contact Information:** Use the spaces below to record the name, telephone number, type of connection Home, cell and what type of relationship each contact person holds to you. **Use lines 1 and 2 for parent information. Parent[s] will always be called first.**

Contact person	Home Phone	Cell	Relationship

**You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel would need to know before attempting to provide aid. List the exact name of the dosage of each medication, allergies, etc.**

Physician Name and Phone _____
Insurance Policy Number _____
Dentist Name and Phone _____
Medical Information _____
I _____ agree to the participation of _____
[Parent or Guardian] _____ [Student/Athlete]
in the athletic program[s] offered by Saint Bernard's C.C.H.S.. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named person. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named person may be given. Signature [Parent or Guardian] _____

