

Food Allergies: _____

Primary Physician Name and Phone

POOL USE

(Bring swimming trunks and towel)

Please Note: Certified Life Guard will be present at Pool and Athletic Training Staff will be present at all Camp Training Activities.

Check one:

- My child is allowed to use the pool
 My child is **NOT** allowed to use the pool

The camp assumes no responsibility for accidents or illness. In case of injury, the camper's personal insurance company is the primary company in any claim.

Parent Authorization:

I hereby desire that my child, who is under the age of 18, participate in the basketball camp offered by D'Youville College and the Police Athletic League of Buffalo, Inc. by the execution of this release; my child is covered by my health insurance. In the event of an injury to my child, I wish to be contacted at the telephone number I provide below before my child is treated. If I cannot be contacted in a reasonable period of time, in the discretion of the camp, and/or my child requires emergency treatment, I authorize D'Youville College, the Police Athletic League, the camp directors and their agents to obtain reasonable emergency treatment for my child. I agree that all the requirements, directions, rules and standards of this camp have been fully explained to me and my child. By my signature below, I hereby release D'Youville College and the Police athletic League of Buffalo, Inc., their trustees, officers, employees, and representatives from any and all liability that may arise from my child's participation in the camp

PARENT OR GUARDIAN SIGNATURE

TO PAY BY CREDIT CARD:
CALL 716-851-4615

MAKE CHECK PAYABLE & MAIL TO:
PAL OF BUFFALO
65 NIAGARA SQUARE
21ST FLOOR
BUFFALO, NY 14202



**Boys Summer
Basketball Camp**

65 Niagara Square, 21st Floor
Buffalo, New York 14202



**POLICE ATHLETIC LEAGUE
OF BUFFALO, INC.**

&



**D'Youville
COLLEGE**

1st Annual

**Summer
Basketball Camp
for
6th 7th & 8th Grade Boys
As of September, 2014**



August 11 - 15

**D'Youville College Gym
329 Porter Ave
Buffalo, NY 14201**

Camp Directors

Modie Cox

PAL Executive Director
Former Pro Basketball
Player
All WNY Player of Year
Former UB Player



Earl Schunk

D'Youville College
Head Men's
Basketball Coach
Assistant Athletic
Director

Orv Cott

**Police Athletic
League**
Athletic Director
Former UB
Basketball Player



Mike Haskell

**D'Youville
College**
Asst. Head Men's
Basketball Coach

**Also assisted by
top High School Coaches
and College Players**

**FOR MORE INFORMATION
CALL 851-4615 OR VISIT
WWW.BUFFALOPAL.COM**

**Camp runs each day from
9:00 a.m. to 4:00 p.m.**

Mon. Aug 11 to Fri. Aug 15

**Fee: \$175.00 before Aug 1st
\$200.00 thereafter**

Participants Receive:

- Skills and Drills Instruction
- Booklet
- Camp Tee Shirt
- Evaluation Report
- Certificate of Achievement

Camp Day Activities

- 8:30 - 9:00 Arrival
 - 9:00 Attendance – Warm-up
 - 9:20 Stations and Instructions
 - 10:30 Games
 - 11:40 Guest Speaker
 - 12:15 Lunch Break
- (Participants may purchase lunch from
Canteen or bring their own. Lunch is not
provided by camp.)**
- 12:45 Pool/Video Room
 - 1:20 Contest/Awards
 - 2:00 Games
 - 3:00 Team Practice
 - 4:00 Dismissal



RESERVATION FORM

**PLEASE PRINT LEGIBLY AND
COMPLETE BOTH SIDE OF THIS FORM**

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

DATE OF BIRTH _____ AGE _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

SCHOOL _____

EMAIL _____

FAX _____

HEIGHT _____ WEIGHT _____

SHIRT SIZE (CIRCLE ONE) S M L XL XXL

I currently play or have played for:
(Check all that apply to you and identify team name.)

School _____ Rec. Center _____

AAU _____ Other _____

No formal team

**PLEASE COMPLETE INFORMATION AND
SIGN ON REVERSE SIDE.**