

CAMP INFO

TEAM FEES

DAY CAMP OPTION/DEALS

SCHOOLS BRINGING 1 TEAM- \$300

SCHOOLS BRINGING 2 TEAMS- \$250

SCHOOLS BRINGING 3 TEAMS - \$200

NO MEALS INCLUDED

3 GAME GUARANTEED PER DAY

OVERNIGHT OPTION

\$200 PER KID

ROOM & BOARD INCLUDED

MEALS INCLUDED

MORE INFORMATION CAN BE FOUND AT

www.catawbabasketballcamps.com

CAMP OBJECTIVE

Team Camp will focus on team strategy, teamwork, and game execution for teams grade Middle, Junior Varsity and Varsity.

ATHLETIC TRAINERS

Certified athletic trainers will be present during all camp activities.

CATAWBA BASKETBALL
ATTN: ROB PERRON
2300 West Innes St.
Salisbury, NC 28144



A vertical poster for Catawba Basketball Team Camps. At the top, a group of basketball players in white and blue uniforms are posed. Below them, the text 'CATAWBA BASKETBALL' is written in a large, stylized font. Underneath that, 'TEAM CAMPS' is written in a bold, red font. The background is a mix of blue, white, and red, with a torn paper effect. At the bottom, the dates for two sessions are listed: '1ST SESSION JUNE: 10TH - 12TH' and '2ND SESSION JUNE: 29TH - JULY 1ST'.

CATAWBA BASKETBALL

TEAM CAMPS

1ST SESSION
JUNE: 10TH - 12TH

2ND SESSION
JUNE: 29TH - JULY 1ST



FOR THE PARENT TO COMPLETE: I certify that the applicant is in good health and may take part in the full camp program. Following if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information. By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my son, with the understanding that the camp director will contact me or the designated person as soon as possible. (Required by insurance and area hospitals). I acknowledge that my son is applying to this camp and give my approval to this application and to the provisions stated above. **Parent's**

Signature _____ Date _____

Person to be contacted during camp, in case of emergency: Name _____

Relationship _____

Day Phone _____

Waiver Statement

Camper's Insurance Co All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent and or guardian of the camper.

Insurance

Address/Phone _____

Policy No. _____



PLEASE PRINT ALL INFORMATION

CAMPER NAME: _____

CAMPER ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: _____

AGE: _____

GRADE (FALL 2021): _____

SCHOOL: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

COACH: _____

COACH'S INFORMATION

NAME: _____

CAMP SESSION - 1 OR 2



**ROB PERRON
HEAD COACH**

"We are fortunate to have one of the best camp set ups in the state. Our dorms, cafeteria and three main courts allow our campers a great experience. "

Send deposits, registration forms and releases to:

Catawba College Basketball
ATTN: Rob Perron
2300 West Innes St.
Salisbury, NC 28144

Make checks payable to Rob Perron

CAMP CONTACT
Derrick Wall 704-293-4277
dmwall18@catawba.edu

