



# HOOPS NATION Basketball Camp



August 6-10, 2012 ~ @ Braintree High School ~ Girls currently in grades 4-8

Hoops Nation Basketball Camp is designed to help players develop their individual skills and team concepts in a fun, energetic, and positive atmosphere. Our experienced staff will work with each player to help improve fundamental skills and gain a better understanding of the game. The Camp features individual & group instruction, organized games, guest lecturers, contests, camp awards, and more!

Hoops Nation is Co-Directed by Kristen McDonnell, Head Girl's Varsity Basketball Coach at Braintree High School, and Kaitlyn O'Malley, former Assistant Varsity Basketball Coach at Braintree High School. Our staff includes experienced coaches and players from the college and high school ranks.

### **Camp Information:**

- Who: Girls currently in grades 4-8 (from any town!)
- When: Monday, August 6<sup>th</sup> – Friday, August 10<sup>th</sup>
- Time: 9:00 A.M. – 3:00 P.M.
- Location: Braintree High School
- Campers must bring a packed lunch
- Questions: Contact Kristen McDonnell at [HoopsNation@gmail.com](mailto:HoopsNation@gmail.com) or 617-407-4287

### **Cost:**

\$185 if payment is received by June 31, 2012  
\$200 if received after June 31<sup>st</sup>  
Maximum of \$275 per family

Make Checks Payable To:  
Hoops Nation Basketball Camp

### **One application per camper please**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Grade Entering Next Fall: \_\_\_\_\_ Tee-Shirt Size (Adult): S M L XL

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

### **PARENT/GUARDIAN RELEASE & CONSENT FORM:**

I hereby release and discharge Hoops Nation Basketball Camp, its staff, Braintree High School, and affiliated entities from any and all liability whatsoever arising out of or in connection with my child's participation in the Camp. In case of medical emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give my permission to the Hoops Nation health care supervisor to hospitalize and secure medical treatment for my child. The person enrolling at Hoops Nation Basketball Camp, parent(s) or legal guardian assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with basketball activities, and agree that there are certain inherent dangers related to basketball participation. Therefore, I agree to hold Hoops Nation Basketball Camp, its staff, and Braintree High School, harmless, and specifically agree not to make any claim against Braintree Public Schools for any of these injuries which would normally be considered to be a normal risk associated with participation in basketball activity.

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

Health Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

Child's Physician (Name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any specific medical concerns/allergies: \_\_\_\_\_

**\*\* Please submit an up-to-date physical and immunization record with this registration\*\***

**\*\*No camper will be allowed to play until this documentation is received\*\***

[Mail Registration, Check, & Medical Forms To:](#)

[Hoops Nation Basketball Camp, c/o Kristen McDonnell, 669 East 2<sup>nd</sup> St. #2, South Boston, MA 02127](#)