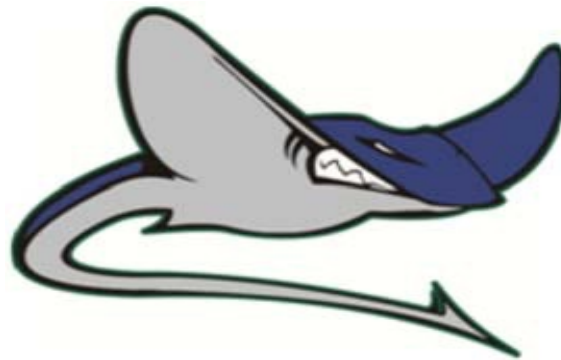


**SEACREST COUNTRY DAY**  
***PROGRESSION BASKETBALL ACADEMY***  
**BACK TO SCHOOL TOURNAMENT CAMP**  
**BOYS AND GIRLS GRADES 4-8**  
**August 5-9, 2019**  
**8:30 AM - 4:30 PM**



This is a fun 5-day boys' and girls' basketball camp with a tournament style format for serious young basketball players (entering grades 4-8) who aspire to be outstanding high school players. This unique instructional experience will be held at Seacrest Country Day School and will include various competitions and mini tournaments that will emphasize skills, court spacing, offensive/ defensive concepts and competitive full/half court games. Players who attend this camp should be prepared to work hard.

This camp is limited 40 players to increase court time and individual attention. Players must pre-register. After 40 players have registered the camp will close. Players should bring their own lunch and snacks each day. We will provide pizza lunch on Friday. *If you need early drop off (7:45-8:30) or late pick up (4:30-5:30) due to you work or transportation situation please let the academy director know and arrangements can be made.*

\*Camp Drop off will be at LOWER SCHOOL GYM gym and Pick-up will be at UPPER SCHOOL GYM.

**Camp Cost - \$ 175 (check or cash only)**

**If you have questions contact Bill Carufe at 239-290-3430 or [b.carufe@seacrest.org](mailto:b.carufe@seacrest.org)**

**SEACREST COUNTRY DAY  
PROGRESSION BASKETBALL ACADEMY  
BACK TO SCHOOL TOURNAMENT CAMP**

**REGISTRATION FORM**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**GRADE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**PARENTS NAMES** \_\_\_\_\_

**PHONE #1** \_\_\_\_\_

**PHONE #2** \_\_\_\_\_

**Shirt size**    **YM**   **YL**    **YXL.**   **AS**    **AM.**    **AL**

**Consent and Release**

I give my child permission and consent to participate in Back to School Basketball Camp and do hereby assume responsibility and liability for any acts committed by my child during the camp. I do hereby release **SEACREST COUNTRY DAY SCHOOL**, its employees, agents, independent contractors, and any and all chaperones or sponsors, from any and all liability, claims, suits, and causes of action whatsoever for injury to the person or property of my child which may occur in the course of any camp activity. It is my understanding that SEACREST COUNTRY DAY SCHOOL is relying on this consent and release, and but for the execution of this document, my child would not be permitted to participate in camp activities.

This release is executed by me as legal guardian for my child, and it is my intention that it shall be binding on my child, spouse, heirs, legal representatives, successors and assigns.

Parent or Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Return to:**

**SEACREST COUNTRY DAY SCHOOL**

**ATTN: BILL CARUFE**

**7100 DAVIS BLVD**

**NAPLES, FL. 34104**

*Checks Payable to: Seacrest Country Day School*

