



# 2025 Basketball Summer Camp at Brien McMahon High School



Come learn from the Brien McMahon High School coach and players! Campers will work on skill development through progressions of drills, small-sided games, competitions, and 5 on 5 game play.

**Move to Improve!**

**Let's Have Fun Learning the Fundamentals!**



Joe LaPrad, Derick Eason

Ages: 7-15

Time: 9:00am-12:00pm

Location: Brien McMahon High School Gym

### Weeks in Session/Rate

Session 4: July 7-11 \$150/wk

Session 5: July 14-18 \$150/wk

Questions: Email Coach LaPrad at

[lapradj@norwalkps.org](mailto:lapradj@norwalkps.org) or Evan Kelley at

[kelleye@norwalkps.org](mailto:kelleye@norwalkps.org)

**All Camp Directors are Certified Teachers.**

## 2025 Basketball Registration Form

### Camper Information

Name: \_\_\_\_\_  Male  Female  
(Last) (First)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_ School in Fall 2025 \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

*Payment Info (Check can't be combined with other NPS Camps)*

Check # \_\_\_\_\_ Cash/Money Order \_\_\_\_\_

Name of person paying \_\_\_\_\_

### PERMISSION

(Must accompany registration)

My child has my permission to participate in the Summer Program sponsored by the Athletic Department of the Norwalk Public Schools. I understand that any medical costs incurred due to injuries suffered by my child while participating in the camp will be assumed by me, the undersigned parent/guardian, and that neither the camp directors nor the Board of Education will be held liable.

Signature of Parent/Guardian \_\_\_\_\_

**\*\*Please sign\*\***

Date \_\_\_\_\_

Session	Dates	Weekly Rate	Amount
Session 4:	July 7-11	\$150	Total: _____
Session 5:	July 14-18	\$150	

Please make checks payable to NPS Athletic Department. Mail registration with full payment and signed permission slip to:

Brien McMahon High School  
Athletic Department  
Attention: Eileen Kinne  
300 Highland Avenue  
Norwalk, CT 06854

**Payment can also be made online by going to [myschoolbucks.com](http://myschoolbucks.com). Please note the link for [myschoolbucks.com](http://myschoolbucks.com) will be available on [norwalkps.org](http://norwalkps.org) home page.**

**Camp Directors: Joe Madaffari, call at 203-981-3005, [madaffarij@norwalkps.org](mailto:madaffarij@norwalkps.org) or Nicole Stockfisch at [stockfischn@norwalkps.org](mailto:stockfischn@norwalkps.org).**