



**Algonquin Basketball Camp for Boys and Girls**  
**2013 February Vacation Basketball Camp**  
**Grades 5<sup>th</sup> – 8<sup>th</sup>**

**Monday - Thursday February 18 – 21, 2013 9:00 a.m. - Noon**  
**At Algonquin Regional High School**

**Directors: Coach Brian Doherty & Coach Ron Jones,**  
**Algonquin Boys & Girls Varsity Head Coaches**

**Also Staffed by: ARHS Basketball Coaches and Boys & Girls Varsity Basketball Players**

**Program Features**

Fundamentals and skills development      Competitive game conditions (3x3, 5x5)  
1-1 and small group instruction      T-Shirt for each participant  
Tuition: \$100 per camper

*If you have any questions about the Camp or for the Coaches, please contact:*  
*Mary Beth Canova: [mbcanova@verizon.net](mailto:mbcanova@verizon.net) 508-479-5688*

**Space is limited. Register today! \*\* Mail Application below / Keep portion of flyer above for reference**

**Camp Application**

NAME: \_\_\_\_\_ M: \_\_\_ F: \_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY PHONE CONTACT DURING CAMP: \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian agree, by enrolling my son/daughter that he/she is physically and mentally able to participate in all of the Camp's activities. In case of medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for the child. I understand that my medical insurance is expected to cover my child for injuries. I agree not to hold the ARHS Basketball Camp, its management and staff, and/or ARHS, its management and staff, responsible for any athletic, dental, or bodily injury that may occur to my son/daughter while attending Camp. I realize and acknowledge that ARHS is not sponsoring this Basketball Camp.

Please note any impairment which may affect your child's participation \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian **Signature**)

\_\_\_\_\_  
(Parent or Guardian **Printed Name**)

**Please mail:**

**Camp Application and \$100 check made payable to "ARHS Boys Basketball Boosters" by February 15<sup>th</sup>**  
**To: Mary Beth Canova, 41 Highland Street, Southborough, MA 01772**