

**PLYMOUTH WHITEMARSH BOYS
BASKETBALL**

“A Tradition of Excellence”

**Pennsylvania State Champions: 1963, 1997, 2010
1963, 1964, 1974, 1975, 1998, 2016 District 1 Champions!**

2016 Summer Camps

Directed by PW Head Coach Jim Donofrio

Instructional! Competitive! Fun! Challenging!

Session 1: June 20 - 24

Session 2: July 18 - 22

Daily Time: 9:00 am – 3:00 pm (Friday’s camp days end at 12:30 pm)

COST: \$180.00 Per Camp

(Family Rate: 2+ children from same family = \$160.00 each child *per camp*)

Location: Colonial Elementary School **Ages:** Boys/Girls entering grades 4 thru 10

- Daily skills & fundamentals training/workouts
- Daily teaching clinics (topics change with each camp) by PW Coaching Staff
- Daily Half & Full Court team games.
- Low camper to coach ratio = less standing, more learning and playing
- 3 Gyms, 6 Full Courts, 24 Baskets
- The opportunity to play and learn with current and past PW players.
- Different leagues are created based on age levels to ensure fair competition.
- Snack bar will be open each day.

We look forward to seeing you in summer 2016! Should you have any questions or need an **application** please either call us at **610-834-1671 ext. 2117**, leave a message, and we will respond promptly; or you can request an application via jdonofrio@colonialsd.org. Please also check our BASKETBALL website at pwcolonials.com to download an application.

24 LEAGUE CHAMPIONSHIPS

1963	1984	1993	2002	2007	2011
1964	1989	1994	2004	2008	2014
1967	1990	1996	2005	2009	2015

1972

1991

1997

2006

2010

2016

Basic Information

- The doors of Colonial Elementary School Gym (the 4 silver doors in the front of the building) will open at 8:30 am. Campers are invited to arrive at this time and shoot around until we get started at 9:00.
- On Monday through Thursday camp ends each day at 3:00 pm. On Friday, June 24th and Friday, July 22nd camp ends at 12:30 pm. Campers should bring a lunch Monday through Thursday as there will be a break around 12:00. There will also be a snack bar every day. **There will be no break for lunch on either Friday, but the kids are certainly welcome to bring food and the snack bar will be open.**
- Use of the facilities will include any or all of the following: CES Gym, Gym West (PWHS), Gym North (PWHS), CES hallway bathroom and CES snack bar.
- Campers will be disbursed to different gyms throughout the day. All campers will be reunited in the CES gym by 3:00 pm Monday thru Thursday, (**and 12:30 pm on both Fridays**).
- PLEASE ADVISE COACH DONOFRIO IF YOU ARE PLANNING ON BRINGING YOUR CHILD LATE OR PICKING HIM OR HER UP EARLY ON ANY PARTICULAR DAY. PLEASE ALSO CALL AHEAD OF TIME TO ADVISE IF YOUR CHILD WILL NOT BE ATTENDING A PARTICULAR DAY, IN ORDER FOR US TO KEEP TRACK OF ATTENDANCE. (610-834-1671 x2117)
- REFUND POLICY
A full refund, minus a \$20.00 processing fee per camper, will be awarded prior to the start of camp. If a child withdraws from camp after attending the Monday session, a 50% refund will be awarded. No refunds will be offered beyond that time.

As coaches we always enjoy the opportunity camp week offers to meet the players of the future and influence them in as positive a fashion as we can. Should you have any questions at all please do not hesitate to contact us at 610-834-1671 ext. 2117.

Sincerely,

Coach Jim Donofrio
PW Boys Varsity Basketball

Please complete the 2016 application form below:

Please CIRCLE Desired Camp Week: June 20 - 24 July 18 - 22 BOTH

Camper's Information:

Last Name: _____ First Name _____
Street Address: _____ Town: _____ Zip: _____
Home Phone #: _____ Date of Birth: _____
Applicant's Grade as of September '16: _____ Name of school: _____
Parents email address: _____

Parent/Guardian Information: (Please complete all that apply)

Mother's Last Name _____ First Name _____
Mother's Daytime Phone Number _____
Father's Last Name _____ First Name _____
Father's Daytime Phone Number _____
Guardian's Last Name _____ First Name _____
Guardian's Daytime Phone Number _____

Please list the individual(s) that will be picking up your child at the conclusion of camp:

Last Name _____ First Name _____ Phone _____
Last Name _____ First Name _____ Phone _____

Health Information:

Please advise of any and all allergies, recurring illnesses, injuries, disabilities, etc:

Is the applicant allergic to any medications such as aspirin, Tylenol, etc? Yes No

Please list medications allergic to: _____

Do you give permission for us to provide the applicant with Aspirin/Tylenol (circle one or both), if he/she requests such medicine? Yes No

Signature of parent/guardian _____

Name of family physician and phone number: _____

Emergency contact person in case parents/guardian unreachable:

_____ Phone: _____

MEDICAL AUTHORIZATION AND RELEASE

Medical Treatment Authorization:

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, camp staff, or emergency personnel to perform any necessary emergency treatment.

Parent or Guardian Name (Please print) _____

Signature _____

RELEASE

I, the undersigned, individually as parent(s) and guardian(s) of _____
A minor, ask that he be admitted to participate in this sport camp sponsored by PW Boys Basketball. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Colonial School District, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

BOTH SIGNATURES REQUESTED:

Mother's/Guardian's signature: _____

Father's/Guardian's signature: _____

MAILING AND CHECK INFORMATION

Checks should be made payable to "*PW Boys Basketball*" and mailed to:

Jim Donofrio
434 Volpe Road
Plymouth Mtg., PA 19462.