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**Boys’ Basketball Summer Camp 2017**

**Sterling Heights High School**

**Middle School camp: May 31 to June 1st**

Camp costs $15; this includes a T-shirt

**CONTACT INFORMATION**

Address: 12901 15 Mile Rd, Sterling Heights, MI 48312

Websites:

Emails: [rkay@wcskids.net](mailto:rkay@wcskids.net) and [JKluzak@wcskids.net](mailto:JKluzak@wcskids.net)

Phone: Coach: Mr. Kay: 586-586-574-3250 ext. 13124

Athletic Director: Mr. Kluzak: 586-698-4622 ext. 14673

**WHEN TO SHOW UP AND WHAT TO BRING**

**Middle School and Underclassman camp: Students entering into 7th through 9th grade for the 2017-2018 school year**

The time is from 3:30 pm to 5:00 pm but be there by 3:15 pm for check in

Campers should wear comfortable clothing (gym shorts, t-shirt, etc.), have basketball shoes with them to wear on the basketball court, and bring with them a water bottle/Gatorade drink that is highly recommended. Please note that if you choose to bring your own electronic instrument, mp3 device, IPad notebook, or other personal item, our basketball camp cannot be responsible if it is lost or damaged.

Dinner in the cafeteria free of charge before camp begins

**SESSION**

**\_\_\_\_\_\_Session (middle school and freshman): May 31st and June 1st**

**PRIMARY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age (at the time of Camp): \_\_\_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

T-Shirt Size (circle one): SM MED LG XL

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address you check frequently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you? **(circle one)** **Home Phone** **Cell Phone**  **Email**

# 3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

**4. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper’s needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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