

**WELCOME TO ST. MARY'S BLUES BASKETBALL!!**

# SUMMER CAMPS!



**WHO:** All Girls Entering Grades 2-9

**WHEN:** June 28 - July 1 (Monday-Thursday)  
9:00 AM-12:00 PM for 2-5 Graders  
12:00 PM-4:00 PM for 6-9 Graders

**WHERE:** ST. MARY'S ACADEMY

**COST:** 2<sup>nd</sup>-5<sup>th</sup> Graders: \$100  
6<sup>th</sup>-9<sup>th</sup> Graders: \$135  
Payable to: Blues Basketball

**CONTACT:** Art Rojas, Head Coach (office: 503-228-8306)



REGISTRATION CAN BE MAILED OR COMPLETED AT  
THE DOOR ON THE FIRST DAY OF CAMP.

Here is your chance to experience our program and learn from the Blues Basketball Staff. SMA coaches, former players, and current varsity members will be on hand to provide you with the opportunity to learn the fundamentals needed to become the best basketball player you can and experience BLUES BASKETBALL! We will work specifically on the same offensive and defensive skills that all members of the BLUES PROGRAM use throughout their careers. Remember, these clinics are for any girls interested entering grades 2-9.

**ALL SKILL LEVELS ARE WELCOME TO ATTEND!** Come play some hoops and have some fun with our exciting players and staff! If you have a basketball, please label it and bring it for your own use. See you there!

**Individual Instruction!**

**Shooting Contests!**

**Scrimmaging!**

**Daily Prizes!**

**Camp T-Shirt!**

# GO BLUES

## 2010 BLUES BASKETBALL CAMP REGISTRATION

Send to:

St. Mary's Academy Blues Basketball Camp  
c/o Art Rojas  
1615 SW 5<sup>th</sup> Ave, Portland, OR 97201

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grade Entering Fall '10 : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Past Basketball Experience \_\_\_\_\_

RELEASE FORM: I hereby authorize the staff of Blues Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Blues Basketball Camp staff from any and all liability for any injuries incurred by my child while at camp. I have no knowledge of any physical impairment that would be affected by the above named child's participation in this program.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

