

***SPRING BREAK 2023 BASKETBALL CAMP***

Join Daemen University Basketball Coach Mike MacDonald for a fun-filled week of basketball skills, drills, scrimmages and more!

**DATE: Monday, April 3 through Friday, April 7**

**TIME: 9 AM – 11:30 AM**

**AGES: Boys and Girls grades K through 4th**

**PLACE: Park School (4625 Harlem Rd. Amherst)**

**COST: $ 200**

\*\*All campers will receive an **Official Camp Basketball**!

**\*\*Call (716) 818-1100 with any questions.**

**\*Please fill out the application on the reverse side and return it to reserve your spot in the MBA Spring Break Camp\***

**MACDONALD BASKETBALL ACADEMY**

**SPRING BREAK BASKETBALL CAMP APPLICATION**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_**

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

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The camp assumes no responsibility for accidents or illness. In case of injury, the camper’s personal insurance company is the primary company in any claim.***

***Parent/Guardian Authorization: I hereby authorize my child, or ward, to be admitted to the MacDonald Basketball Academy Spring Break Basketball Camp and that the staff acts for me according to their best judgment in any emergency requiring medical attention. All MBA sports camps and clinics are open to any and all entrants, limited only by number, age, grade level and/or gender.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Physician’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make payable and mail to:**

**MacDonald Basketball Academy** \* Returned checks will be assessed a $25 bank fee.

**PO Box 1112** \* Refund requests will be assessed a $50 processing fee.

**Amherst, New York 14226**

**Full payment required to reserve a spot in the camp**