



Monday, July 10 – Friday July 14, 2017

9:00 AM – 12:00 PM

SHEPAUG VALLEY HIGH SCHOOL GYMNASIUM

For Boys and Girls Entering Grades 5, 6, 7, 8, or 9

\$100.00 Per Camper (\$50.00 non-refundable deposit due with registration); \$10.00 "Family Discount": Each Family sending 2 or more campers will receive a \$10.00 discount off the total cost.

Matt Perachi, the former longtime Varsity Basketball Coach at Shepaug Valley High School and the current Athletic Director/Dean of Students at Shepaug, is the Director of the Camp.

OUR DAILY PROGRAM INCLUDES:
Warm-Up Activities/Progressive Stations
Special Drills & Contests
Team Competition

Each Camper Receives a "DIMENSIONS" T-SHIRT

For further information, please call Matt Perachi at (860) 946-7087

Please complete this registration form and return with a check payable to DIMENSIONS BASKETBALL CAMP and mail to: MATT PERACHI, 98 Church Hill Road, Washington Depot, CT 06794.

DIMENSIONS BASKETBALL CAMP REGISTRATION FORM (Please Print)

Name _____ Date of Birth ____/____/____ Age _____

Home Phone _____ Cell Phone _____ Email _____

Address _____ Town _____

Zip Code _____ Grade in School (as of Sept. 2017) _____ Sex _____

Emergency Contact (if parent/guardian can't be reached) Name _____

Home Phone _____ T-Shirt Size(Adult Sizes) S _____ M _____ L _____ XL _____

I hereby authorize Dimensions Basketball Camp to act for me according to their judgment in any emergency requiring medical attention. I hereby waive and release Dimensions Basketball Camp from liability for injury. I know of no mental or physical problems which affect my child's ability to safely participate in the Dimensions Basketball Camp. I certify that my child is physically fit to participate in Dimensions Basketball Camp.

Signed _____
 Parent or Guardian (liability for injury is waived)

A non-refundable deposit of \$50.00 must accompany this completed registration form. The balance must be paid in full on or before July 10, 2017.

FOR OFFICE USE ONLY: FAMILY DISCOUNT _____ WAITING LIST # _____

AMOUNT PAID _____ DATE RECEIVED ____/____/____ AMOUNT DUE _____