



2017 Schalmont Sabres Youth Basketball Camp

(for boys & girls going into
grades 4-8 for 2017-2018)

July 10th—July 14th
9:00am—1:00pm



The Schalmont Boys Basketball program is hosting its 4th annual summer basketball camp for players who will be going into grades 4-8 for the 2017-2018 school year. Players will be instructed by the Schalmont basketball staff along with current and former Schalmont players. The camp is intended to teach the fundamental skills and drills of basketball, and of course to have fun. Participants will learn both individual and team skills to help them improve their game and overall "basketball IQ." We will be starting directly at 9:00am in the High School gymnasium. The players are allowed to bring water/sports drinks and a small snack if they'd like. They will need to be picked up by a parent/guardian at 1:00pm. If a parent/guardian is not able to pick up their child, we need a note in advance of who will be picking them up. Skills and drills will be tested daily so that instructors can give participants positive feedback for growth as a player. We strongly recommend attending this camp for any player that is planning on trying out for our CDYBL, AAU, CYO and/or modified programs for the 2017-2018 school year.

Completed information and payment are due by May 26th. The fee for the week is \$100, which includes individual and group instruction, insurance, Camp t-shirt, and Pizza party on Friday. For a family with two or more campers, the fee is \$85 per participant.

Checks can be made out to "Schalmont Basketball" and mailed or hand delivered, along with this form to:

Greg Loiacono, Boys Basketball Coach
Schalmont High School
1 Sabre Drive
Schenectady, NY 12306

Thank you! We look forward to another exciting summer camp and working with our future Schalmont athletes.

Greg Loiacono
email: gloiacono@schalmont.net
Phone: (school) 355-6110 ext 3049 / (cell) 429-0654



Player Information Form

Player Name:

Player Grade(17-18):

T-Shirt Size:

Youth S M L

Adult S M L XL

Parent/Guardian Contact:

Name: _____

Cell# _____

Email _____

Emergency Contact:

Name: _____

Cell# _____

Medical Alerts: Yes / No

If yes, please list: