



## **Crusader Basketball Camp**

July 9, 10, 12 & 13

Ages: 7-18

4:30pm – 7:00 pm

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### **Cost per Participant**

\$75.00

Head Coach - free\*

Cost will cover registration, equipment, prizes, camp t-shirt, etc. for campers. Participants need to be registered by June 1<sup>st</sup>. Fees are fully refundable before June 1<sup>st</sup>; after this date, a refund may be issued for \$35.00. We cannot guarantee a t-shirt for a camper registered after June 1<sup>st</sup>. This camp is open for boys and girls ages 7-18 years old (there will be male and female coaches present to assist and supervise all campers).

### **Meet Our Trainer: Coach Jim Corrora**

Coach Jim Corrora has had a remarkable 50-year basketball coaching career, both at the collegiate and high school level, while conducting hundreds of basketball shooting/ball-handling/big man/guard camps and clinics all over the world, in India (via Jr. NBA); Moscow, Russia; Helsinki, Finland; and Warsaw, Poland. His expertise and experience has allowed him to coach/teach thousands of youth and young adults the proper shooting techniques coupled with great ball-handling drills to enhance their “game”.

### **Our Objective:**

To receive solid instruction and to improve basic skills needed for basketball through training in a fun, uplifting, Christian environment. Monday and Thursday will consist of shooting skills, and learning proper shooting techniques. Tuesday and Friday will be focused on individual skills, such as: the art of passing, becoming a defensive stopper, improving players drive to the bucket, etc.

#### **Boys Dress Code**

- Loose-fitting athletic shorts (knee length) or athletic pants
- T-shirt (high necklines, no tank tops)
- Athletic shoes

#### **Girls Dress Code**

- Loose-fitting athletic shorts (must be knee length)
- T-shirt (high necklines, no tank tops)
- Athletic shoes

**All players must go by EBCS dress code.**



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### **What to Bring:**

#### **Participants**

- Water Bottle or Sports Drink (1 liter is preferred)
- Insurance card (first night only – for registration purposes)

#### **Coaches**

- Notepad
- Pen
- Medical Forms for participants
- Copies of Registration papers

**There will be no seating available during camp, because of this, anyone other than participants and coaches will not be permitted in the gymnasium. Parents may drop-off students at the camp 15 minutes before camp to begin warming up and may pick up students at the camp ending time.**

Due to religious convictions, if a female camper must wear a skirt, we ask that they wear shorts or spandex underneath their skirts. By doing this, all girls will remain modest while doing drills.

\*Coaches are required to have all students fill out a medical history form. Coaches are responsible for keeping these forms throughout the week in case of an emergency situation during camp. One head coach per team is free during camp; any additional coaches or assistant coaches must pay the participant fee.

**Emmanuel Baptist Church School  
Basketball Camp Registration**

**Participant Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

T-shirt Size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

**Parent/Guardian Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks involved in sports activities. I further indemnify and save Jim Corrona, Emmanuel Baptist Church School, Emmanuel Baptist Church and its affiliates, employees, volunteers and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during her visit at summer camp. I further understand that Emmanuel Baptist Church, and Emmanuel Baptist Church School does not provide medical insurance coverage for the participant, and any medical expense will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness, or other situation that may require medical attention. I understand the enclosed registration fee is nonrefundable and nontransferable. Any noncooperative or noncompliant participants will be subject to dismissal.

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Parent or legal guardian's signature  
(if participant is under 18 years)

Relationship to participant

Date

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Participant's signature

Date

Send this signed form by mail to Emmanuel Baptist Church School, 495 Old 122 Road, Lebanon, OH 45036 or by fax to 513-932-1832.

**EBCS Basketball Camp  
MEDICAL HISTORY**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Relationship \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Email) \_\_\_\_\_

**MEDICAL QUESTIONS**

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?    Yes    No

If yes, please identify specific allergy below.

Medicines            Pollens                    Food                    Stinging Insects

Explain "Yes" answers below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Has a doctor ever denied or restricted your participation in sports for any reason? \_\_\_\_\_

2. Do you have any ongoing medical conditions? If so, please identify below:

Asthma    Anemia    Diabetes    Infections/Other: \_\_\_\_\_

3. Have you ever had surgery? \_\_\_\_\_

Explain "Yes" answers below.

\_\_\_\_\_

4. Do you cough, wheeze, or have difficulty breathing during or after exercise? \_\_\_\_\_

5. Have you ever used an inhaler or taken asthma medicine? \_\_\_\_\_

6. Have you ever passed out or nearly passed out DURING or AFTER exercise? \_\_\_\_\_
7. Is there anyone in your family who has asthma? \_\_\_\_\_
8. Does your heart ever race or skip beats (irregular beats) during exercise? \_\_\_\_\_
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
 High blood pressure    A heart murmur    High cholesterol    A heart infection    Kawasaki disease
- Other: \_\_\_\_\_

10. Have you ever had a head injury or concussion? \_\_\_\_\_
11. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems? \_\_\_\_\_
12. Do you have a history of seizure disorder or epilepsy? \_\_\_\_\_
13. Have you ever had an unexplained seizure? \_\_\_\_\_
14. Have you ever become ill while exercising in the heat? \_\_\_\_\_
15. Have you ever had any broken or fractured bones or dislocated joints? \_\_\_\_\_

Explain "yes" answers.

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16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? \_\_\_\_\_
17. Have you ever had a stress fracture? \_\_\_\_\_

Any other medical information you feel we should know (that is not listed above):

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Student \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

The student has family insurance      Yes      No

If yes, family insurance company name and policy number:

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