

Come meet the entire Stepinac Basketball Staff who will help you prepare for High School Basketball!

- Improve in ball handling, shooting, defense
- Work on skills & drills, in all areas
- Will be given a camp basketball shirt
- Skill challenges and prizes
- Guest speakers who played and coached both in the NBA and at the Division 1 College Level

CAMP MISSION

Stepinac Athletics has strived for excellence for more than 60 years. Stepinac has sent numerous athletes into the college sports world, and has been very lucky to have six of its former student-athletes make it to the professional level in sports. We want to provide a camp that helps each camper get to their next level. Basketball camp is for boys and girls who want to be build a solid foundation that combines preparation, self-discipline and hard work to achieve success. The overall camp objective is to provide each camper with a fun, positive learning experience of the game of basketball.



COMPLETING YOUR APPLICATION

June 27 – June 29: \$200 for all three days or \$75.00 per session**
July 31 – August 3: \$300 per player
Family, Group and Team Discounts Available

Include the following:

- Program application
- \$100 non-refundable application fee.

Checks should be made out to:
Archbishop Stepinac High School

Mail Application and Checks to:

Coach Patrick Massaroni
Archbishop Stepinac High School
950 Mamaroneck Ave
White Plains, NY 10605

OR register online by visiting
stepinac.org/summer-sports.php

STEPINAC BASKETBALL CAMP 2017

GET READY FOR
HIGH SCHOOL BASKETBALL

AGES 7-17



Night Camp: June 27 – June 29
5pm – 8pm**
Day Camp: July 31 – August 3
9am – 3pm

Archbishop Stepinac High School
950 Mamaroneck Ave
White Plains, NY 10605

2016-17
#1 Team in the Hudson-Valley, *News12 Varsity*
#1 Team in Westchester-Rockland, *Journal News*
CHSAA "AA" Final Four
Patrick Massaroni,
News12 Varsity Hudson Valley Coach of the Year



WHAT TO EXPECT & BRING

- Lunch (pizza), snacks and beverages will be available for purchase daily.
- Wear athletic clothing.
- Air-conditioned gym.
- Outdoor courts available.


CAMP SCHEDULE


Here is what a typical day at Stepinac Basketball Camp looks like:

| | |
|-------------|--------------------------------------|
| 8:45–9:00 | Arrive / Open Gym |
| 9:00–9:15 | Team Meeting & Stretch |
| 9:15–9:45 | Emphasis & Move of the Day |
| 9:45–10:45 | Stations |
| 10:45–11:15 | Contests |
| 11:15–12:15 | Games |
| 12:15–12:45 | Lunch |
| 12:45–1:30 | Guest Speaker |
| 1:30–1:45 | Free Throw Challenge |
| 1:45 – 2:45 | Games |
| 2:45–3:00 | Team Meeting / Daily Camp Wrap-Up |

CONTACT INFORMATION

Coach Patrick Massaroni
 Website: stepinac.org/summer-sports.php
 Email: pmassaroni@stepinac.org
 Phone: (914) 946-4800 ext. 292

 @step_basketball

 [facebook.com/StepinacBasketball](https://www.facebook.com/StepinacBasketball)

1. CAMPER AND PRIMARY CONTACT INFORMATION

BASKETBALL 2017

Name of Student: _____ Date of Birth: _____ Age (at time of camp): _____
 Name you prefer to be called (if different): _____ Name of School: _____ Grade: _____
 T-shirt Size (select one): Youth: XS SM MED LG Adult: SM MED LG XL XXL XXXL
 Name of Parent/Guardian/Primary Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email you check frequently: _____ Best way to contact you? (select one) Home Phone Cell Phone Email

2. EMERGENCY CONTACT Please provide two additional people, different from the parent/guardian listed above, who should be contacted if needed.

First Contact Name: _____ Second Contact Name: _____
 Relationship: _____ Relationship: _____
 Home Phone: _____ Home Phone: _____
 Work/Cell Phone: _____ ext. _____ Work/Cell Phone: _____ ext. _____

3. SAFETY INFORMATION Please list all known conditions so we can accommodate your son's needs.

Does your son have any medical conditions, allergies, or special needs the staff should know about? _____

 Does your son have any behavioral or emotional issues the staff should know about? _____

 Is your son taking any medications? _____

4. INSURANCE INFORMATION & CONSENT

Name of Policy Holder: _____
 Insurance Company: _____ Policy Number: _____

Please initial _____ By placing my initials here, I authorize enrollment and submit that my child is physically fit to participate in strenuous activity and waive Archbishop Stepinac, its staff, affiliate entities and employees from and against injury, recurrence of any undisclosed pre-existing illness or injury prior to the first day of the session, and all liabilities or causes of action arising out of or in connection with my child's participation in this camp.

Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of Archbishop Stepinac High School and may be used for promotional purposes at the discretion of Archbishop Stepinac High School.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____