

J & R 2nd Annual Basketball Camp

Camp Directors: Jesse Pellot-Rosa & Rob Brandenburg

When: June 18th – June 21st (Session 1)
July 23rd – July 26th (Session 2)
August 13th– August 16th (Session 3)
August 20th–August 23rd (Session 4)

Check-in will start at 9:00 A.M. each day. Camp will conclude at 5:00 P.M. each day. There will be a camper check-in and check-out each day.

Where: Midlothian Athletic Club, 10800 Center View Drive, Richmond, VA 23235

Cost: \$250 per camper. \$75 deposit is due at the time you sign up. Please make checks payable to Jesse Pellot-Rosa or Rob Brandenburg. The remaining payment will be collected on the first day of each camp session (June 18th, July 23rd, August 13th, & August 20th). The camper will receive two camp t-shirts, a water bottle and a backpack. The camp will consist of four days of basketball training, weight lifting (plyometrics), pool conditioning, yoga and college prep. Lunch and snacks will be provided to every camper each day of the camp.

What to Bring: Water bottle, basketball shorts, basketball tennis shoes, two workout shirts, two pairs of socks, a bathing suit, two under garments/briefs and deodorant. The campers need to have a change of clothes after pool conditioning each day. (Midlothian Athletic Club will provide pool towels).

How to Register: Please complete the form below. After completing the form, please complete the waiver on the second page. Once the registration and wavier forms are completed, please send both documents via email to Jesse Pellot-Rosa & Rob Brandenburg (jrbasketballcamps@gmail.com). For any additional questions, please email the camp directors at the email address in the previous sentence.

Name of Camper: _____ Age _____

Camp Session: (Please Check Which Session Camper is Attending):

1 _____ 2 _____ 3 _____ 4 _____

Shirt Size: _____ (Youth and Adult Sizes Available)

Name of Parent or Guardian: _____

Email Address: _____

Contact Number: _____

Additional/Useful Information of Camper (Allergies, Asthma, Conditions, etc)

Parent/Guardian Signature: _____

Date: _____

WAIVER OF LIABILITY

I hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I, the parent or legal guardian of the camper, will be responsible for any and all medical costs of medical attention and treatment. I, the parent or legal guardian of the camper, waive, release and forever discharge Midlothian Athletic Club, the camp, its staff, director, representatives and assign of and from all rights and claims for any damages, injury or loss to person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Name of Camper: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____