



**2023 Berean Basketball Camp  
Sponsored by Temple Academy  
at Temple Academy, Waterville**



**Berean Basketball Camp  
For Girls/Boys in Grades 3-8  
(Entering Fall of 2023)**

**Berean Basketball Camp Information**

**Camp dates:** July 24th thru July 28th, 8am-12pm

**Camp cost:** \$100 (before July 8th) & \$125 (after July 8th)

**Camp Directors:** *Carrington Miller, Temple Academy Athletic Director & Boys Basketball Asst.  
Scott Corey, Temple Academy Boys Basketball Coach*

\*\*\*Temple Academy high school players will also assist with coaching and instruction!

**What's included:** Basic fundamentals, skills competitions, team tournaments, camp t-shirt and more!

**Camp Summary:**

Temple Academy basketball coaches of all levels will be leading and instructing our 5th Annual Berean Basketball Camp! Our coaches have years of experience developing players and leading youth camps throughout their careers. Our camp focuses on growing athletes in the foundational skill areas that are often left behind in today's game. They will also get to compete in skills competitions as well as a camp tournament! Space is limited so sign-up today! We look forward to seeing you there.

Student's name \_\_\_\_\_

Grade entering (Fall 2023) \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Mailing address \_\_\_\_\_

Parent Email \_\_\_\_\_

**T-Shirt Size** (campers will receive one summer camp t-shirt for basketball or soccer camp):

YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

Please mail the completed registration with waiver/medical and permissions forms. The full payment must be included for the registration to be processed (No refunds after July 17).

**THE PROCEEDS FROM THE CAMP WILL GO BACK INTO TEMPLE ACADEMY ATHLETICS**

**Make checks payable to Temple Academy**

**Mail or drop off to:**

**Temple Academy, C/O Carrington Miller, 60 West River Road, Waterville, ME. 04901**

If you have any questions please email Coach Miller at carrington.miller@templeacademy.org

# 2023 Berean Basketball Camp Waiver/Medical/Permissions Form

Camper's name: \_\_\_\_\_ Grade (Fall '23): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, when a parent cannot be contacted, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's allergies: \_\_\_\_\_

Does Player require an inhaler? \_\_\_\_\_ YES \_\_\_\_\_ NO

Other medical conditions or information to be aware of:

*I hereby request permission for my child to take part in:*

**Event:** Berean Basketball Camp **Location:** Temple Academy, 60 West River Road, Waterville, ME

**Designated Supervisor:** Coach/AD Carrington Miller **Dates/Time:** July 24th - July 28th, 8am-12pm

**Cost:** \$100 (before July 8th), \$125 (after July 8th) **\*No refunds after July 17th**

**What to Bring:** Good pair of sneakers (some activities will take place on outdoor court and possibly dirt parking lot) & your own water bottle

## **PERMISSIONS (CIRCLE YES OR NO):**

### **ADVERTISING**

**YES (I give) or NO (I don't give)** permission for my child's picture to be taken for advertising purposes.  
(Temple Academy Athletic Facebook Page)

### **FREEZE POPS**

**YES (I give) or NO (I don't give)** permission for my child to have Freeze Pops at camp.

### **GATORADE**

**YES (I give) or NO (I don't)** permission for my child to have Gatorade at camp.

In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk; I assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless Temple Academy, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of the fields and facilities utilized for the camp, against any claims by or on behalf of my son/daughter as a result of my son's/daughter's participation in the camp. I will not hold Temple Academy financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered. I give my consent to have a licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_