



2019 JOHN ULRICH HALL OF FAME BASKETBALL CAMP for GIRLS & BOYS

Sponsored by Northwest Suburban Catholic Conference (NSCC)

Hosted by STS. PETER AND PAUL CATHOLIC SCHOOL, CARY

JUNE 10 - 21, 2019

Sts. Peter and Paul School will host a Summer Basketball Skills Camp, over a 2-week period, for boys and girls from June 10 - 21. The camp will be run by HALL OF FAME coach, John Ulrich, from Immanuel Lutheran Palatine, and will focus on the development of high-level individual skills. However, NO INCOMING SKILLS ARE NEEDED TO PARTICIPATE.

Coach Ulrich has over 40 years of coaching experience with junior high and high school players. He has run highly successful summer camps for 30 years. His Immanuel Lutheran camps have a waiting list annually in the hundreds.

DATES ▶ JUNE 10 - 21, 2019

COST ▶ \$200.00 \$10 discount if received by April 15, 2019

☞ Make checks payable to JOHN ULRICH ☞ Mail to: Mr. John Ulrich, 637 S. Warren, Palatine, IL 60074

LOCATION ▶ STS. PETER AND PAUL CATHOLIC SCHOOL - 416 N. First Street, Cary, IL 60013
(The gym entrance is located on the southeast side of the building. Enter door #14)

SCHEDULE 2 WEEKS: June 10 - 21, 2019 (Monday through Friday)

CAMP 1: Boys entering grades 6-7-8 9:00 am - 11:00 am

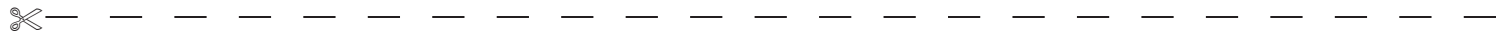
CAMP 2: Boys entering grades 3-4-5 11:00 am - 12:30 pm

CAMP 3: Girls entering grades 5-6-7-8 12:30 pm - 2:30 pm

NECESSITIES

Each player should wear proper gym shoes and socks and bring his/her own basketball WITH THEIR NAME WRITTEN IN PERMANENT MARKER ON THE BALL to do the individual ball-handling drills.

NOTE FOR FURTHER INFORMATION OR TO SIGN UP, PLEASE CALL JOHN ULRICH AT 847-204-5015
OR VISIT THE WEBSITE: www.johnulrichbasketball.com
YOU CAN EMAIL JOHN ULRICH AT: coachjohnulrich@yahoo.com
or contact Montini Athletic Director Wendi Matz at: gwmatz@comcast.net



DETACH AND MAIL, ALONG WITH PAYMENT, TO: JOHN ULRICH, 637 S. WARREN, PALATINE, IL 60074

PARENTS/GUARDIAN PERMISSION, MEDICAL RELEASE AND INDEMNITY FORM

I give my child _____, permission to participate in the Basketball Camp at Sts. Peter and Paul School and hereby waive, release and forever discharge any and all claims against organizers, coaches, sponsors, organizations or persons providing facilities, volunteers or any agent, affiliate or employee thereof for damages and/or injuries to the participant which may arise from the participation in the Program. In addition, I hereby agree to indemnify and hold harmless the above described of and from all loss, damage and expense by reason of any claim for such damages and/or injuries brought or recovered by my child against the above described.

As a parent and/or legal guardian, I do herewith authorize treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Relationship: _____

Date: _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Name of Physician: _____ Physician Phone Number: _____

Allergies or other conditions: _____

PLEASE BE SURE TO FILL OUT BACK SIDE OF THIS FORM BEFORE RETURNING.

