



Boys and Girls Youth Camp & Competition

Kindergarten – 4th Grade

Presented by West Catholic Basketball

CAMP DAY

December 10
9:30 am – 12:30 pm

Athletes will be taught fundamental skills necessary to compete in the sport of basketball

COMPETITION DAYS

Students will compete against each other in game format

Teams will be made on December 10 and 11. Parents will be notified via phone call on December 12 of team placement

COST

Camp Day only: \$10
Camp and Competition: \$50

YOUTH NIGHT

January 27

All competitors and participants will be treated to a FREE night watching the Varsity Boys and Girls basketball teams game, dinner and fun!

NEW THIS YEAR

The Lady Falcons are joining our program!



Division Changes

K-2 will be co-ed
3rd and 4th Grades will be
Girls and Boys Teams

Colored Shirts!

RULES OF THE LEAGUE

Games will be 4-8 minute quarters with a 5 minute halftime

Clock only stops for the last 2 minutes of each quarter

Participants must play minimum of 12 minutes

All MHSAA basketball rules violations will be monitored by Officials

No zone defense will be played

No pressing will be allowed

Lower baskets may be used, age dependent

DATES FOR THE CALENDAR

December 10 – Camp

Competition Dates

December 17
January 7
January 21
January 27
January 28
February 4
February 11



Games are morning between 9:30 am-12:30 pm

Schedule of games will be made after the number of teams is determined

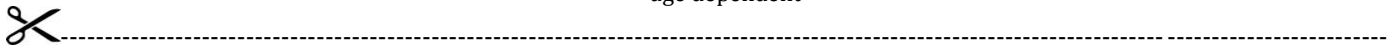
COACHES

All teams will be coached by members of the Boys and Girls Basketball Programs

Members will referee and keep score

QUESTIONS

Contact Tony Fisher
(616) 233-5901
tonyfisher@grcss.org



NAME: _____ CURRENT GRADE: _____

STREET ADDRESS: _____ CITY _____ ZIP _____

PHONE: _____ PARENT EMAIL: _____

T SHIRT SIZE: YOUTH S M L XL or ADULT S M L XL (circle one please)

My child will attend: CAMP ONLY \$10 CAMP AND COMPETITION \$50 (check one please)

I would like my child to play on a team with: _____
(You may list ONE name and coaches will do their best to accommodate).

I understand there is a possibility of injury while participating in this camp. My child is in sound health and able to participate in the activities associated with the league without undue duress. I waive the Camp Staff, Catholic Secondary Schools, and its employees of any liability.

Parent Signature: _____

Emergency Contact Person and Phone Number: _____

Please send registration to: West Catholic High School, Attn: Tony Fischer, 1801 Bristol NW, Grand Rapids, MI 49504
Make Checks Payable to *West Catholic Boys Basketball*