



SLATER BASKETBALL CAMP

2023 Boys Day Camp

June 5-June 8, 2023

9:00am - 12:00pm

Bill Pensyl Gymnasium (High School)

Camp Information

Typical Day

- 9:00** Attendance / Meeting / Stretching
- 9:10** Stations
- 10:15** Competitions: Foul Shooting / Hot Shot / NBA Two Ball
- 11:00** Games: 1/1, 3/3 and 5/5
- 12:00** Quarry Time--Day Recap—Dismissal

Eligibility

Boys entering grades 2 to 9. Campers must supply their own insurance.

Registration

Please pre-register by mailing in the application with your non-refundable deposit. Following the receipt of your deposit and application, you will receive a confirmation email. Check-in will begin June 5th at 8:45.

What to Bring to Camp

Playing clothes: basketball shoes, shorts, T-shirts, and socks.
Water & sports drinks will be available for purchase.
Please do NOT bring your own basketballs.



INCENTIVES

Campers Receive:

Camp T-shirt (if you register after May 15th, there is no guarantee of a t-shirt)

Team Championships & Individual Honors

PHILOSOPHY

The Slater Basketball Camp is designed to provide a fun, challenging, and educational experience **for boys entering grades 2-9**. Instruction will be provided at stations, competitions, and games. It is our hope that each camper has a positive and fun-filled week while gaining skills to help them become better basketball players.

Colonial League Champions

1977, 1986, 1987, 1988,
2013, 2015, 2016, 2017,
2018, 2021

District XI Runner-up

2016 (4A), 2018 (5A)

District XI Champions

1988 (3A)
2021 (5A)

PIAA State Playoffs Sweet 16

2016 (4A)

PIAA State Playoffs Elite 8

2021 (5A)



APPLICATION

June 5-8 9:00 AM to 12:00 PM



Complete and mail with deposit to:

Bangor Boys Basketball
C/O Cassie Farenbach
61 Denisco Street
Roseto, PA 18013

Make Checks Payable to:

Bangor Boys Basketball Booster Club

Questions: kessleco@bangorsd.org

CAMP COST

Basic Rate-- \$100.00

Nonrefundable Deposit: \$50.00

Register Prior to May 15th-- \$95.00

Paid in Full

Multi-Child Rate-- \$90.00/Child (siblings only)

If played on Middle School or Junior High team last season-- \$80.00

Shirt Size: Men's

S ___ M ___ L ___ XL ___

Shirt Size: Youth

S ___ M ___ L ___

Grade Next Fall 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___

Name _____

Address _____

Phone _____

Date of Birth ____ / ____ / ____

EMAIL: _____

Slater Basketball Camp Waiver/Release of Liability

I, as the parent/legal guardian of _____, a participant in Slater Basketball Camp, intending to be legally bound, release the Bangor Area School District, its Board, administrators, employees, including all coaches, representatives, Bangor Boys Basketball Booster Club, and agents from any liability whatsoever, resulting from injury obtained by my son while participating in the Slater Basketball Camp by Coaches Kessler, Randolph, Pysher, Pinto, & Gilliland. I understand that, although the Slater Basketball Camp is being conducted by a member of the school district's coaching staff for the benefit of the school district's student-athletes, it is an off-season activity, which is not sponsored by the school district. I understand that the virtue of this fact, injuries sustained during such an activity are not covered by the school district's athletic injury insurance, and are not the responsibility of the school district, but rather of the parent/ legal guardian.

I release and discharge Bangor Area School Districts, Coach Colin Kessler and all his coaching staff, and the Bangor Boys Basketball Booster Club from all injuries, sicknesses, disabilities, death, and/or damages in any way connected with participation in Slater Basketball Camp whether or not caused in whole or in part by their negligence. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal actions or claims for such liability, injury, loss or damage; and I agree to fully indemnify the Bangor Area School District, Coach Colin Kessler and all of his coaching staff, and the Bangor Boys Basketball Booster Club (including reasonable attorney's fees) in the event of legal actions or claims related to injuries to the below identified participant.

To HOSPITAL AUTHORITY I hereby give my authorization for an emergency professional medical/surgical treatment required by my child should he become injured and need treatment while participating in the abovementioned basketball camp.

Participant's Full Name _____

Insurance Company _____ Plan Number _____

Signature: _____ Date: _____

(parent/legal guardian)