

## FUN-DAMENTAL CAMP (Session I)

Who: Incoming 4th - 8th graders

Dates: July 12-16, 2010

Times: Extended Care 7:30am - 9:00am

Basic Camp 9:00am - 4:00pm

Shooting Camp 4:00pm - 5:30pm

Shooting Camp is only for those registered in Basic Camp

### Basic Camp

- ◆ 35 hours of skill development
- ◆ Group and individual instruction
- ◆ High ratio of coaches to campers
- ◆ Daily team games
- ◆ Daily skills contests

### Shooting Camp

- ◆ Focus on "Game Time Shooting Series"
- ◆ Development of shooting skills
- ◆ Runs Monday through Friday

### Location

The basketball camp is held on the Mercy High School San Francisco Campus in McAuley Pavilion, 3250 - 19th Avenue, across from Stonestown Galleria in San Francisco.

### Supervised Play

Supervised Play will be offered at no cost to camp participants from 7:30am - 9:00am. **Campers must pre-register.**



## Each Camper will receive:

- ◆ Camp t-shirt (Session I only)
- ◆ Mercy Camp basketball (Session I only)
- ◆ Reversible camp jersey (Session I only)
- ◆ Mercy water bottle (Session II only)
- ◆ Certificate of completion
- ◆ Written personal evaluations by coaches
- ◆ Individual and team awards
- ◆ Pizza Party on the last day

### Coaching Staff

Mike Gutierrez has directed this camp since its inception. In his first eight years as the Mercy Varsity Basketball Coach, Mercy has won over 160 games, four league championships, and has a .725 winning percentage.

Mike has directed camps and leagues for almost 30 years, was an assistant coach for the 1988 Jefferson High School State Champions, officiated 6 State Championships himself and was honored as the 2006-07 Central Coast Section Honor Coach to go with his 1999 Tennis Honor Coach award!

Mercy's JV Coach Sean Warren will assist Mike, as will many members of his varsity team.



## REGISTRATION

Registration is limited and taken on a first-come first-serve basis. The full non-refundable payment is due with a completed form. Each payee will receive a receipt of acceptance once registered, and campers will receive a letter of introduction from the Camp Director one week prior to the start of camp.

**DEADLINE - June 4, 2010**

**Register early . . . the camp is sure to sell out!**

## Application and Authorization Form

### 2010 Mercy High School

### Summer Basketball Camp for Girls

July 12-16, 2010 FUN-damental Camp

July 19-23, 2010 High Intensity Camp

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

School in the Fall 2010 \_\_\_\_\_

Grade in the Fall 2010 \_\_\_\_\_

### FUN-damental Camp

- Supervised Play - must pre-register
- Basic Camp Session I (\$225.00)
- Shooting Camp Session I (\$60.00)

### High Intensity Camp

- Session II (\$175.00)

Total Amount enclosed \$ \_\_\_\_\_

Make checks payable and return to:  
Mercy High School Basketball Camp  
3250 Nineteenth Avenue  
San Francisco, CA 94132

(The non-refundable payment for tuition is due with the completed registration form)

I/We, the undersigned parent(s)/guardians(s) of

\_\_\_\_\_ a minor, do hereby authorize Mercy High School's Basketball Camp Staff to act for me according to their best judgement in any emergency requiring medical attention, and I hereby release Mercy High School from any and all liability for any injuries or illness incurred at the Camp. I have no knowledge of any physical impairment that would prevent the player from participating in the Mercy High School Basketball Camp, as outlined in this brochure. I also understand that the Mercy High School Basketball Camp retains the right to use, for publicity purposes, photographs of players taken at the camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out Emergency Information on back.



Cut along dotted line and return to specified address.



## EMERGENCY INFORMATION

Full Name of Camper                      DOB of Camper

Street Address

City    State    Zip

Home Phone Number                      Work Phone Number

Name of Policy Holder

Physician's Full Name and Phone Number

Physician's Address

Physician's City                              State    Zip

Family Medical Insurance Policy and Number

Insurance Company Address

Insurance Company City                      State    Zip

Person to call in case of an emergency

Phone number to call in case of an emergency

Alternate name and phone number

Describe any allergies (medications, food, bites, etc.)

Describe any limitations in activity.

(Attach additional sheet if needed)



Mercy High School  
3250 Nineteenth Avenue  
San Francisco, CA 94132

# Mercy High School San Francisco



## Summer 2010 Basketball Camp

*for girls entering 4th - 9th grade*

**July 12-16, 2010**  
**Incoming 4th - 8th graders**  
**FUN-damental Camp**

**July 19-23, 2010**  
**Incoming 8th and 9th graders**  
**High Intensity Camp**

Contact:  
Mike Gutierrez: 650-255-1507  
Athletic Director: 415-334-0525 x217

Information  
[www.mercyhs.org/academics/summer.htm](http://www.mercyhs.org/academics/summer.htm)