

**2021**  
**NAZARETH BLUE EAGLES**  
**BOYS BASKETBALL**  
**CAMP**

The Blue Eagles Camp for boys -- will emphasize the teaching of fundamentals, critical to the development of our players. Camps will feature daily drills such as; ball-handling, passing, shooting, defense and rebounding. Campers will also play games and participate in a variety of contests. Campers will be grouped according to age and ability.

**For Boys Entering Grades 1st – 9<sup>th</sup> (as of September 2021)**  
**June 28 – July 1 - Monday thru Thursday**  
**9:00 am – 12:30 pm**

**Facilities: High School Gym, North Campus, Middle School,  
Intermediate School, and 2 Outdoor Courts**

**COST**  
**\$110.00/camper**

(Any additional family members \$95.00 each. A separate application must be filled out.)

**Please apply ASAP camp will fill quickly -- Limited number of spots this year**

- \*\* Mask must be worn at all-times to participate**
- \*\* Campers will be separated and grouped according to grade(s)**
- \*\* All campers must bring their own water or gatorade**
- \*\*All campers must check-in everyday**
- \*\*Covid Protocols will be followed**

**EACH CAMPER WILL RECEIVE HIS OWN:**  
Camp T-shirt

**Water & Gatorade will be sold at the concession stand**

The basketball camp will be directed and staffed by the Nazareth Boy's Basketball Coaches.  
Any questions please call Joe Arndt at 610-759-1675 or 610-905-7570.  
E-Mail Address: [jparndt@msn.com](mailto:jparndt@msn.com)

**CAMP APPLICATION**

Name\_\_\_\_\_ Grade (as Sept. 2021)\_\_\_\_\_

Address\_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Shirt Size (please circle one) **Child** YM(10-12) YL(14-16)  
**Adult** S M L XL XXL

Name of school you will attend in September 2021 \_\_\_\_\_

**Make checks payable to: Blue Eagle Boys Basketball**  
**\$110.00/camper**

### **Parental Permission**

**I hereby grant permission for my son to attend the Nazareth Blue Eagles Camp and certify that he is in good health and able to participate in all camp activities. If emergency medical attention is required, I authorize necessary medical treatment at my expense.**

\_\_\_\_\_  
**Name of Parent or Guardian**

\_\_\_\_\_  
**Signature**

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Named of Insured \_\_\_\_\_

Any Medical problems that we need to be aware of (example, asthma, diabetic)  
\_\_\_\_\_

It is possible that your son might receive basketball instruction with our camp counselors at the Nazareth Middle School. This will depend on the number of campers in each age group. **Please drop off and pick up your son at the High School each day.** If you would like to know if your son will be at the Middle School, feel free to ask one of the counselors in the morning at the High School. Please sign below the permission statement.

**I understand that my son might/will be transported to the Nazareth Middle School as part of the Nazareth Basketball Camp Program. I give my permission for him to be transported.**

**SIGNATURE** \_\_\_\_\_

**Please return application and fee to:**

**Coach Joe Arndt  
216 Butztown Road  
Bethlehem, PA 18020**