



Coach Carrier's KVA Boys and Girls Basketball Camp

Dates: June 24-28 2019

Time: 8:30am - 12 Noon (Drop off available at 8:00 am.)

Location: Kerr-Vance Academy, Crawford Gym

Ages: Rising First through Rising Ninth Graders

Cost:\$135 (includes Camp T-shirt)

Register EARLY— Camp is limited to the first 80 campers!

Camp Information

If you've never played basketball, or if you play every day, this is the camp for you. The important thing is to get started while you're young so that you won't miss a day of the fun that basketball can be. This is the place for all young players to receive great individual instruction from a proven winner.

Experience a week of camp which has as its mission to teach fundamentals of basketball through team competition, group instruction and individual attention. "When our students leave camp, they feel good about what they have accomplished, want to keep improving, and feel good about themselves," says the coach. Coach Carrier and his staff are active, enthusiastic, participating kinds of teachers. Working with young players, they make having fun the number one objective!

Former KVA, Providence Day, and current Westchester Country Day School head Coach David Carrier has been coaching basketball and directing camps for over 30 years. Coach Carrier has coached eight conference championship teams as well as two NCISAA state championship teams. He has coached over 30 players go on to play at the collegiate level. His KVA camp is now in it's fourteenth year!



Return forms to:
Coach Carrier
4204 Braddock Rd.
High Point, NC 27265

Contact Information for questions and information:
Coach Carrier 919 482 9639, KVA 252 492-0018

Camp Registration Form

Name: _____ Date of Birth: __

Parents/Guardians __

Address: __

Home Phone: _____ Cell Phone __

Work Phone (Mom): _____ Work Phone (Dad): __

Email: __

Camper's Current School and Grade: __

Please indicate size for your child's T-shirt: Youth XS-XL __

Adult S-2XL __

A \$50 non-refundable deposit or payment in full (\$135) must be received by June 19, 2019 for camper to be eligible for the T-shirt. Remaining balance will be due on or before the first day of camp.

Registrations will be accepted after June 19, 2019, however the T-shirt may not be available. All registrations end on the day camp begins.

Please make checks payable to David B. Carrier and mail to address on the front of form.

Medical Form

Name: _____ Date of Birth: __

Parents/Guardians __

In Case of Emergency, contact parents OR _____ Phone: __

Family Doctor: _____ Office Phone: __

A. Please note any health problem, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation:

B. Camper is subject to:

__asthma fainting sensitive skin sinus trouble bee stings/insect bites
__bronchitis headache kidney problem __convulsions high blood pressure
__nosebleed allergies (describe) Other __

C. Camper wears contact lenses: Yes__ No__

D. Medications: List any medications your child is currently taking.

Name of medication(s): __

Purpose of Medication: __

In case of emergency, I hereby give permission to the physician selected by the Coach to provide necessary treatment for my child.

Parent/Guardian signature: _____

Date: __