



# Junior Bobcats

## 8<sup>th</sup> Annual Basketball Camp

**1 WEEK ONLY!!!**

*sponsored by the Armonk Youth Sports Foundation LTD*

**Camp Directors:**

**Coach Repa – Byram Hills High School Varsity Coach**

2016 Class A Champs, 2015 Finalist, 2013 Finalist, 2012 Semi-Finalists,  
2011 Class A Champs

*5 time 'Coach of the Year', Former Collegiate Player*

**Coach Mack – Byram Hills Assistant Varsity Coach**

*Featuring current & former players as coaches*



### **FOR BOYS ages 9-15**

**Location:** Byram Hills High School (Armonk, NY)

**DATES:**

June 27-June 30 (*M-TH*) **Time: 9:00 am – 3:00 pm**

**Early Registration:** Before June 1<sup>st</sup> **Cost: \$300**

After June 1<sup>st</sup> : **\$350**

**SPACE IS LIMITED!!**

*Special Offers: \*\*Multiple family members: \$25 off per child*

**DAILY SCHEDULE:**

- *Speed & Agility Training*
- *Station Work*
- *Team Practice*
- *Skills Challenges*
- *Lunch (Bring your own)*
- *Lecture*
- *Games*

**CAMP INCLUDES:**

- *Reversible Jerseys*
- *Fundamental Skill work*
- *Introduction into the Bobcat system of play*
- *Daily Prizes*
- *Post-Season Awards*
- *Report Cards*

For More Info email: [Jrbobcatcamps@yahoo.com](mailto:Jrbobcatcamps@yahoo.com)

**SPACE IS LIMITED!!! DO NOT MISS OUT ON THE OPPORTUNITY TO GET A HEAD START ON LEARNING THE BOBCAT SYSTEM!!!**

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**JUNIOR BOBCAT 2016 Summer Camp Application  
(Please Print)**

**Name:** \_\_\_\_\_

**Grade Entering in Fall:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **Phone (night)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**T-Shirt Size:** Youth Large    Adult S    Adult M    Adult Lg    Adult XL

**Make Checks Payable to:  
Armonk Youth Foundation LTD.  
PO Box 708  
Harrison, NY 10528**

**Medical Information**

**Primary Doctor** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Medical**

**Limitations/Allergies:** \_\_\_\_\_

**Parental Consent:** By signing this consent form, I hereby release the Armonk Youth Foundation LTD., Coach Repa, Coach Mack, the Byram Hills School District, or any other staff member, from any liability or future claims associated with my child's participation in the Junior Bobcats. I understand this is a voluntary decision, & am aware of the risks involved in athletics. This includes personal injury, loss of valuables, & any damages that may occur as a result of participation/attendance in the camp. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by a physician or hospital.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_