



# Play Hard - Play Smart Boys Basketball Day Camp



Aug 14 – Aug 18, 2017 (Mon-Fri)

Boys 5<sup>th</sup>-8<sup>th</sup> Grade 9am- 3pm  
St. Patrick's Gymnasium (air-conditioned)  
29 Cox Avenue, Armonk, New York

FOR MORE INFO: Call Coach Walsh (201) 344-4617  
[www.opencourtwildcats.com](http://www.opencourtwildcats.com)



## NEW & EXCITING BASKETBALL PROGRAM IN WESTCHESTER

**JOHN WALSH** - Head Coach for Open Court  
Wildcats and St. Patrick's CYO  
**CHRIS DZIELAK** - Asst. Coach for Open Court  
Wildcats and St. Patrick's CYO and former Byram  
Hills All-Star

Portion of proceeds go to:  
**Open Court Wildcats**  
is a basketball club located in  
Westchester, NY. We are an AAU  
affiliated 501(c)3 organization. Our  
main purpose is to teach young  
players how to play basketball and  
promote **GOOD SPORTSMANSHIP**

SHOOTING ✓ BALL HANDLING ✓ PASSING ✓ REBOUNDING ✓ DEFENSE ✓

### COMPETITIVE PRICING!

Sign up 1 player by June 1:  
**\$325**  
Sign up 2 players by June 1:  
**ONLY \$300** each!  
Sign up after June 1: **\$375**

WHAT TO EXPECT:  
**HANDS ON** Instruction!  
**FREE T-Shirt!**  
**Camp Prizes!**  
**Positive Attitudes!**

Players Are Grouped By  
Age & Ability  
**LIMITED SPACE** so  
**SIGN UP EARLY!**

## Play Hard Play Smart Boys Basketball Day Camp Application

Player Name \_\_\_\_\_  
M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ (no refunds)

**Make Checks Payable to: John Walsh**  
**Send to 63 Gatto Drive, Mount Kisco, NY 10549**  
**Medical Information**

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Specific Medical Limitations \_\_\_\_\_

Parental Consent: I hereby give permission for \_\_\_\_\_ to participate in the 2017 Play Hard –  
Play Smart Boys Basketball Day Camp. In consideration of my child being permitted participate, I hereby agree to hold  
harmless from any liability, loss or personal expense to Coaches Walsh and Dzielak, St. Patrick's Church, or any staff  
member. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by a physician  
or hospital.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_