



# "See Ya Later" Sports

**PRESENTS...**

## **2-DAY SPRING BREAK BASKETBALL CAMP**



**March 30 & 31, 2012 (Fri/Sat)**



**Grades/Time:** 1st - 4th from 9am - Noon

**Grades/Time:** 5th - 8th from 1pm - 5pm

100 spots available for each session

**Location: TBA**

McMinnville, OR



**Registration Fee: \$20 suggested donation per child\***

*\*Registration Fee:* A suggested donation of \$20 per child is requested, although we wish that every child enjoys this great opportunity. If the fees limit your child's attendance, please mark the Scholarship box on the registration form with no questions asked.



"See Ya Later" Foundation, Inc.  
PO Box 1281- McMinnville, OR 97128  
503-434-1730

[Info@SeeYaLater.org](mailto:Info@SeeYaLater.org) - [www.SeeYaLater.org](http://www.SeeYaLater.org)  
[www.facebook.com/SeeYaLaterFoundation](http://www.facebook.com/SeeYaLaterFoundation)



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**"See Ya Later" Sports**  
Inspiring Youth-Encouraging Families

## THINGS YOU SHOULD KNOW

**Check In/Check Out:** Please send Adult with Camper to Check-In and Check-Out each day of Camp

**SNACK and DRINKS** will be provided!

**What to bring:** Campers will not need to bring anything with them to camp other than any necessary medical items.

**Bonus:** A short inspirational talk will be shared

**Please Note:** Due to our Insurance and Foundation criteria, only kids in 1st - 8th Grades will be allowed at the Basketball Camp.

**Location:** TBA

**Transportation** is not available.

**Attendance:** Due to the popularity of our camps, please let us know if your pre-registered camper will not be able to attend, so we can allow for more kids from our waiting list to participate.

**Visitors:** Family and friends are welcome to observe from the balcony area but please, only Campers, Coaches and SYL Staff will be allowed on the Gym floor.

**Awards Ceremony:** 1st - 4th Graders Saturday, 11:40AM, 5th-8th Graders Saturday, 4:45PM Family and friends are welcome!



**Special Guest**

**superhandles**



*Jon Hildebrandt, a 5'10" point guard from Dayton, Oregon, led his high school team to two consecutive 2A Oregon State Basketball Championships. He was named a BCI All-American his junior year, and was named the Oregon 2A Player of the Year his junior and senior years. At Clackamas Community College, Jon led the Northwest in assists, averaging 9.4 assists with less than 2 turnovers per game.*

*Jon later played at Linfield College and graduated from Western Oregon University. Many coaches and players who have watched and played against Jon consider him to be one of the best, if not the best, ball-handler in the country today.*

*Jon's odyssey to ball-handling perfection started when Jon was in the second grade and his father brought home video tapes of Pete Maravich. Jon quickly learned that size and poor dribbling skills under pressure were factors keeping him from making the basketball team. With his mother's microwave as a timer, a 3' x 6' piece of plywood in his bedroom and a miniature basketball court in an old barn, Jon embarked on a lifelong quest to be the best ball handler on the planet. Obsessed with watching the best ball-handlers in high school, college and professional basketball, Jon watched game clips of unique moves and drills as many as 2,000 times until he perfected them.*

*Though size and athleticism play a huge part in today's world of competitive basketball, Jon's ball-handling mastery and teaching skills offer teams and individual players the chance to improve their performance, giving them the Superhandles Advantage.*



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## **"SEE YA LATER" CHILD DISCIPLINE POLICY**

Discipline is viewed as guidance, not punishment. Positive reinforcement, active listening, problem solving, redirection, and discussing with the child(ren) involved what is acceptable and unacceptable is the accepted practice. The staff member who witnessed or was approached by a child will be responsible for his/her discipline. Discipline is NOT delegated to any other child. A Disciplinary Action Form will be completed on any instance requiring more than a verbal reprimand. Techniques used for discipline shall not humiliate, shame, or frighten the child. There will be no cruel, harsh, unusual or corporal punishment. No child shall be placed in a locked room or confined in an enclosed area such as a closet, box or similar cubicle. Counselors will speak in a gentle but firm voice and will not use profanity, threats; derogatory remarks about the child or his/her family, other verbal abuse, or physical abuse. The counselor may remove the child from the group, if necessary, or seat the child on a chair to think about his/her actions for a short period of time. This rule applies to all children signed in for the day and participating in the SYL Sports/Day Camp Program. Discipline is guiding toward self discipline so that your child can function independently and in a socially acceptable manner, respecting the rights and privileges of group functions.

## **"SEE YA LATER" CAMP DISCHARGE POLICY**

Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, behavior that requires constant attention from the staff, inflicts physical or emotional harm on other children or the staff, or ongoing disregard for Day Camp rules. If a child cannot abide by Day Camp rules, he or she may be discharged from the program.

We follow a three strike policy. Samples of automatic strikes consist of cursing, disrespecting a counselor, intent to or intentionally injuring or physically controlling another person. This is not an all inclusive list. Other behaviors may be given a strike after redirection and/or if time-outs prove ineffective. (Including but not limited to: not following directions, and being rude to others). *Stealing or Running off from the group or camp will result in an immediate dismissal!*

Bullying will not be tolerated on any level. Once an action of bullying is addressed and the action continues, immediate dismissal could result.

Definitions of Bullying are, but not limited to, calling someone names, making things up to get others in trouble, hitting, pushing, kicking, etc., someone taking things away from someone, damaging someone else's belongings, stealing money from someone, spreading rumors about someone, and threatening someone.

What you as parents need to know: Encourage your child to report incidents of bullying to a counselor. Encourage your child to also report to a counselor if he or she sees another child being bullied. Reassure your child that it's okay to report an incident, especially if it means keeping another child from being bullied. Go over the definitions of bullying with your child so he or she understands what makes someone a bully.

All strikes will be discussed with the pickup person the day of the incident. The Disciplinary Action Form must be signed by the parent or pick-up person.

**Upon notification of a third strike, the child will be dismissed from the remainder of the camp immediately.**

>> **If a child has been dismissed from camp twice, re-enrollment will not be allowed in the future.**

**Campers will be taught to; BE SAFE, BE RESPECTFUL, AND BE RESPONSIBLE**

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# 2-DAY BASKETBALL CAMP

## Registration Form

REGISTRATION MAY BE MADE ONLINE

ALL CAMPERS MUST BE REGISTERED

### • FAMILY INFORMATION:

#### Parents/Guardians

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Telephone#: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Additional #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

What is your relationship to Camper(s)? \_\_\_\_\_

Are there any special circumstances that the camp should be aware of relating to the family situation? \_\_\_\_\_

### • SECONDARY CONTACT: (if above cannot be reached)

Name: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

### • CAMPER INFORMATION:

**1st Camper Name:** \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Shirt Size (*Youth or Adult*) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

**2nd Camper Name:** \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Shirt Size (*Youth or Adult*) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

**3rd Camper Name:** \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Shirt Size (*Youth or Adult*) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

**4th Camper Name:** \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Shirt Size (*Youth or Adult*) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

How did you hear about SYL Sports Camps? \_\_\_\_\_

I would like to be placed on SYL's Email list: Yes \_\_\_\_ No \_\_\_\_

I would like to be placed on SYL's Mailing list: Yes \_\_\_\_ No \_\_\_\_

Has your child/children ever attended a SYL Camp before? Yes \_\_\_\_ No \_\_\_\_

What was the experience like? \_\_\_\_\_

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# 2-DAY BASKETBALL CAMP

## Continued Registration Form

REGISTRATION MAY BE MADE ONLINE

ALL CAMPERS MUST BE REGISTERED

### • HEALTH INFORMATION:

**1st Camper Name:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Insurance Company/Holder: \_\_\_\_\_ Insurance/Health Card # \_\_\_\_\_

Does your Camper have any allergies/intolerances? Yes \_\_\_ No \_\_\_ *If yes, What are they allergic to?* \_\_\_\_\_

Does this allergy require an epi-pen? Yes \_\_\_ No \_\_\_ Does your camper take any medication? Yes \_\_\_ No \_\_\_  
*If yes, what medication?* \_\_\_\_\_

Please list any medication that your child will be taking at camp, and the dosage: \_\_\_\_\_

**2nd Camper Name:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Insurance Company/Holder: \_\_\_\_\_ Insurance/Health Card # \_\_\_\_\_

Does your Camper have any allergies/intolerances? Yes \_\_\_ No \_\_\_ *If yes, What are they allergic to?* \_\_\_\_\_

Does this allergy require an epi-pen? Yes \_\_\_ No \_\_\_ Does your camper take any medication? Yes \_\_\_ No \_\_\_  
*If yes, what medication?* \_\_\_\_\_

Please list any medication that your child will be taking at camp, and the dosage: \_\_\_\_\_

**3rd Camper Name:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Insurance Company/Holder: \_\_\_\_\_ Insurance/Health Card # \_\_\_\_\_

Does your Camper have any allergies/intolerances? Yes \_\_\_ No \_\_\_ *If yes, What are they allergic to?* \_\_\_\_\_

Does this allergy require an epi-pen? Yes \_\_\_ No \_\_\_ Does your camper take any medication? Yes \_\_\_ No \_\_\_  
*If yes, what medication?* \_\_\_\_\_

Please list any medication that your child will be taking at camp, and the dosage: \_\_\_\_\_

**4th Camper Name:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Insurance Company/Holder: \_\_\_\_\_ Insurance/Health Card # \_\_\_\_\_

Does your Camper have any allergies/intolerances? Yes \_\_\_ No \_\_\_ *If yes, What are they allergic to?* \_\_\_\_\_

Does this allergy require an epi-pen? Yes \_\_\_ No \_\_\_ Does your camper take any medication? Yes \_\_\_ No \_\_\_  
*If yes, what medication?* \_\_\_\_\_

Please list any medication that your child will be taking at camp, and the dosage: \_\_\_\_\_

**Are there any special/behavioral considerations that the camp should be aware of in order to better facilitate your children's experience?** \_\_\_\_\_

***Any changes to your child's health information need to be communicated to the camp  
IN WRITING before your child attends.***

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# 2-DAY BASKETBALL CAMP

## Continued Registration Form

REGISTRATION MAY BE MADE ONLINE

ALL CAMPERS MUST BE REGISTERED

### • PAYMENT:

**Camp Fee: \$20 per child is suggested**

Date: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

- I want to mail or bring in a Check to Camp: Yes \_\_\_ No \_\_\_
- I want to make a payment using Cash: Yes \_\_\_ No \_\_\_
- A Scholarship is requested at this time: Yes \_\_\_ No \_\_\_
- I want to make an additional payment to help other kids attend camp of \$ \_\_\_\_\_
- I want to make a payment using by credit/debit card: Yes \_\_\_ No \_\_\_

Credit Card #; \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature on Card: \_\_\_\_\_

I authorize Camp Administration to make \$ \_\_\_\_\_ charges on this credit card.

### • PHOTO PERMISSION:

I give permission to SYL Sports Camp to use any photograph my child is in for promotional material. Yes \_\_\_ No \_\_\_

### • PARENT'S AUTHORIZATION:

As parent or guardian, I hereby give my permission for MY CHILD/CHILDREN registered on this form to attend "See Ya Later" Foundation, Inc. Kids Camps. I release its staff, counselors, sponsors or leaders from responsibility and liability for any injury or illness that may be sustained during the camp activities as a direct or indirect result of my or my child's, own negligence or the negligence of third parties. In the event of any emergency, I hereby grant permission for my child to receive first aid and emergency treatment as deem necessary by the Camp's medical professional and director. I authorize "See Ya Later" Foundation Staff, as an agent for me, to consent to any x-ray, examination, anesthetic, to secure proper treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) either at the doctor's office or any hospital. Every effort will be made to contact a parent/guardian in case of an emergency. I also understand that all related medical costs are my responsibility.

As parent or guardian, I promise to hold harmless "See Ya Later" Foundation, Inc. and their representatives, volunteers, contributors, and assigns from any and all actions or claims and all liabilities including negligent conduct arising out of or in connection with participation in any activity organized and provided by the "See Ya Later" Foundation, Inc.

I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports, however I consent to my child to participate in the "See Ya Later" Foundation Basketball Camp. I understand the leadership of "See Ya Later" Foundation, Inc. has all the intentions of making each child's camping experience a positive one.

I have read the Discipline Policy and understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety to the rights of others, or who appears to have rejected the reasonable expectations of the camp.

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

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