

CAMP INFO

TEAM FEES

Option A: Commuters

\$300 per team for 1 day
\$250 per team for 2 days
\$200 per team for 3 days
Ex: 2 days = \$500
3 days = \$600

No limit on the number of players per team, 3 games per day guaranteed. Meals and t-shirts not included. Meal tickets available for purchase in the cafeteria.

Option B: Overnight Option on Campus (Dorms, Limited Space)

\$240 per Player,
\$15 deposit for room hold.
T-shirt, Room & Board On Campus.
Minimum of 8 players. 6 Meals Included.

Option C: Overnight Hotel Option (Limited Spots) Provided by Catawba

\$250 per Player, rooms at the Holiday Inn Express. Meals are provided at the hotel & campus.

Coaches are responsible for monitoring their student athletes on campus and in the dorms.

CAMP OBJECTIVE

Team Camp will focus on team strategies, teamwork and game execution for middle, junior varsity and varsity grade levels.

CATAWBA BASKETBALL

ATTN: COACH ROB PERRON
2300 WEST INNES STREET
SALISBURY, NC 28144

Team Camp
June 28-30, 2023

Elite Camp
July 3-4, 2023

Kids Camp with the Champs
July 5-7, 2023

CATAWBA COLLEGE BASKETBALL



FOR THE PARENT/GUARDIAN TO COMPLETE:

I certify that the applicant is in good health and may take part in the full camp program. The following, if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information. By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my son, with the understanding that the camp director will contact me or the designated person as soon as possible (Required by insurance and area hospitals). I acknowledge that my son is applying to this camp and give my approval to this application and to the provisions stated above.

Parent/Guardian Signature and Date _____

Exceptions/Allergies/Sensitivities _____

Emergency Relationship _____ Contact Phone _____

Camper's Insurance Information:

All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent/guardian of the camper.

Insurance Company _____
Address/Phone _____

Policy No. _____



PLEASE PRINT ALL INFORMATION

Camper Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Age ____ Grade (Fall 2023) _____

School _____

Parent/Guardian _____

Phone _____

Coach's Name _____

Coach's Phone _____

Send deposits, registration forms and releases to:

Catawba Basketball
Attn: Coach Rob Perron
2300 West Innes Street, Salisbury, NC 28144

Please make checks payable to Rob Perron.

Camp Contacts –
Daniel Waln, 828-408-5020
Jermone Marsh 912-230-4566
Rob Perron, 704-293-4277



"We are fortunate to have one of the best camp set-ups in the State. Our dorms, cafeteria, and three main basketball courts allow our camp attendees a truly great experience!"

~ Coach Rob Perron

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CATAWBA COLLEGE