

Saint's Basketball Camp



Girls and Boys



Grades: 4th-9th

Dates: July 13th-16th Time: 12:30-3:00

Cost: \$135.00 Additional \$30 (Bus)

Make checks payable to: Schools of the Sacred Heart

Send check & form to: Mark Aune
Academy of the Sacred Heart
P.O. Box 310
Grand Coteau, LA 70541

Camp Instructor: Saints Head Coach Mark Aune

I have coached basketball at all levels (professional, college– high school-AAU) for the past 25 years. I have organized, run, directed, and coached at many of the top summer camps in the country. Any questions contact: Coach Aune (337)945-9041.

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SCHOOLS OF THE SACRED HEART SUMMER BASKETBALL CAMPS:

NAME: _____ GRADE (13-14) _____ SEX: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

T-Shirt size (Adult): _____ Camp Fee (\$135/165): _____ School Attend: _____

Make Checks Payable to: Schools of the Sacred Heart

Mail to: Academy of the Sacred Heart, Mark Aune, P.O. Box 310, Grand Coteau, LA 70541

Coaching Resume:

Professional:

WNBA Minnesota Lynx	Assistant Coach/Advanced Scout
CBA LaCrosse Bobcats	Training Camp Coach/Consultant
CBA Pittsburgh Piranha	Playoff Scout/Consultant
CBA LaCrosse Catbirds	Assistant Coach

College:

University of Wisconsin Green Bay	Scout/Consultant
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High School:

Berchmans Academy	Head Boys Coach
Academy of the Sacred Heart	Head Girls Coach
Gibraltar High School	Head Girls Coach
Hortonville High School	Head Boys Coach
West Salem High School	Assistant Boys Coach

AAU

Louisiana Lightning	Director/Coach
Wisconsin Legends	Head Girls Coach

PARENT/GUARDIAN HOLD HARMLESS/INDEMNITY AGREEMENT

I _____, expressly acknowledge that my child, _____ desires to PARTICIPATE IN the ACTIVITY designated on the other side. As PARENT/GUARDIAN, I remain legally responsible for any personal actions taken by my CHILD. I agree on behalf of myself, my CHILD, my family and our heirs, successors, and assigns, to defend, protect, hold harmless, and indemnify the Schools of the Sacred Heart, the Academy of the Sacred Heart, and their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees against any and all claims arising from the negligence or fault of my CHILD which arise out of the above named ACTIVITY and in connection with any illness or injury or cost of medical treatment in connection therewith. I agree on behalf of myself, my CHILD, my family and our heirs, successors, and assigns, to protect, defend, hold harmless and fully indemnify the Schools of the Sacred Heart and the Academy of the Sacred Heart, and their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees for any claim or cause of action whatsoever arising out of or related to the ACTIVITY which took place during the identified DATE(S) OF ACTIVITY that is brought against any of the indemnified parties and/or their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees, whether such claim arises from the alleged negligence of the Schools of the Sacred Heart, the Academy of the Sacred Heart, their employees, agents, representatives, volunteers, organizational members, associates, guests or invitees, or my CHILD'S negligence.

Parent/Guardian Signature: _____ Date: _____