

## CAMP APPLICATION

Please complete the application and mail it along with fee to:

**Coach Gary Bailey**

Grace Bible College • 1011 Aldon St. • Grand Rapids, MI 49509

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Birthdate \_\_\_\_\_ (circle one) Boy / Girl

School Grade this Fall \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size: (please circle one)

Adult sizes: S M L XL XXL

Youth sizes: M L XL

### SUMMER BASKETBALL CAMP FEE

(see fee schedule below)

Send your fee with your completed application.

**Make checks payable to: Gary Bailey**

Sign up for:

Team Camp Date: \_\_\_\_\_ \$250.00

Individual Camp Date \_\_\_\_\_ \$35.00

## CAMP DATES

June 8: 9am - 5pm	Team Camp Girls HS
June 9: 9am - 5pm	Team Camp Boys HS
June 15: 9am - 5pm	Team Camp Girls HS
June 16: 9am - 5pm	Team Camp Boys HS
June 22: 9am - 5pm	Team Camp Boys HS
June 23: 9am - 5pm	Team Camp Girls HS
July 20: 9am - 1pm	Ind. Camp Boys & Girls 3rd-8th
July 21: 9am - 1 pm	Ind. Camp Boys & Girls 3rd-8th
July 27: 9am - 1pm	Ind. Camp Boys & Girls 3rd-8th
July 28: 9am - 1pm	Ind. Camp Boys & Girls 9th-12th
Aug. 3: 9am - 1pm	Ind. Camp Boys & Girls 9th-12th
Aug. 4: 9am - Noon	Ind. Camp Boys & Girls 9th-12th

## Location & Information

Grace Bible College  
Aldrich Athletic Center  
1011 Aldon St.  
Grand Rapids, MI 49509



[www.gbcol.edu](http://www.gbcol.edu)

**Contact Camp Director: Coach Gary Bailey 616-890-3941**



# Grace Bible College

## Developing Champions



**NCCAA II**

**NATIONAL CHAMPIONS**

*2006, 2009, 2010, 2011, 2012*

**ELITE EIGHT**

*2007, 2008*

**MIDWEST REGION CHAMPIONS**

*2006, 2008, 2009, 2010, 2011, 2012*

## CAMP STAFF



Head Coach Gary Bailey will begin his 8th season at Grace in 2012. He has won 173 games which is the most in GBC history. He has been named the NCCAA II Midwest “Coach of the Year” for four times and was named the NCCAA II “National

Coach of the Year” in 2009 & 2011. He was named the CCSN (Christian College Sports Network) “Coach of the Year” in 2011 and the BCAM (Basketball Coaches Association of Michigan) “College Coach of the Year” in 2011. His unique approach to basketball and his team’s sound fundamentals have made Grace one of the most respected programs around the country at any level.

Grace won the NCCAA II National Championship in 2006, 2009, 2010, 2011, and 2012 under Bailey’s guidance.



Dan George has been involved with basketball for over 40 years and has been coaching at Grace with Coach Bailey for the last seven years. During that time Grace has won four consecutive championships and five in the last seven years. As the Assistant Coach at Grace he has the responsibilities of player development and defense. The Tigers have been one of the top three teams in the nation in defensive scoring, defensive shooting percentage, and rebounding margin for the last seven seasons. The Tigers have also produced 7 All Americans, 26 All Region Players, and 14 Academic All Americans.

## CAMP INFORMATION

### Team Camps

**Game details:** All teams will receive a minimum of five games (with a 6 team camp). All games will be composed of two (2) fifteen (15) minute halves with a running clock. Halftimes will be three (3) minutes in length. The clock will stop on any stoppages in the last two (2) minutes of the game only.

**Overtime:** The first overtime will be two (2) minutes in length. A second overtime period will be sudden death.

**Timeouts and Free Throws:** Each team will get two timeouts per game. One timeout will be awarded for each overtime period. All shooting fouls will result in one free throw attempt for two points. One free throw attempt counts for three points if fouled while shooting beyond the arc. All technical, flagrant, or intentional fouls will result in one free throw worth two points. During the last minute of the game, regular MHSAA rules will apply with both teams being awarded the one and one.

**Lunch:** Lunch will not be provided. Each team is encouraged to bring a sack lunch or make other arrangements.

All campers at team camps will receive a camp t-shirt.

### Individual Camps

The Grace Bible College coaching staff and team members will be on hand to help each camper receive specialized instruction to improve ball handling, shooting, passing, and defensive skills. Each camper will receive an information packet at the end of camp with all of the information that was covered during the day. This will allow each camper to review what was taught and continue working on the drills over the summer. This camp also includes shooting games and contests with prizes.

All campers at individual camps will receive a camp t-shirt.

## MEDICAL INSURANCE

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Is camper currently being treated by a physician for injury or illness? If yes, explain \_\_\_\_\_

List medical conditions: \_\_\_\_\_

\_\_\_\_\_

List medications currently taken: \_\_\_\_\_

\_\_\_\_\_

List allergies: \_\_\_\_\_

\_\_\_\_\_

Policy Holder’s Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Group # \_\_\_\_\_ Plan # \_\_\_\_\_

Contract # \_\_\_\_\_ Policy # \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Emergency # \_\_\_\_\_

As the parent/guardian of the camper listed above I hereby agree to the following as a condition of \_\_\_\_\_’s participation in the Grace Bible College summer camp program and related activities.

I give my permission to Grace Bible College, St. Mary’s Hospital, Spectrum Health Care System, Metropolitan Health Care System or other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the camper’s involvement in the Grace Bible College summer camp program. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize Grace Bible College to release information as necessary for managing summer camp healthcare.

## WAIVER

I attest that a physician has examined the camper in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the camper not to participate in the strenuous physical activities of the sports camp program.

I acknowledge that participation in sports camp and related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the camper and give my permission to the camper to participate in all sports camp activities. I release and agree to hold harmless Grace Bible College, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the college’s employees. I understand that the camper will be subject to the rules and regulations of the Grace Bible College sports camp. I understand that any person who repeatedly disobeys camp policies or procedures will be immediately expelled from camp. Grace Bible College is not responsible for lost or stolen property.

Signature of Parent or Guardian

Date