

Black Sisters Basketball Camp 2019

Girls only ages 8-15

June 24-27 (mon-thurs) (9-2pm) rain day friday

Boys and Girls ages 8-15

August 12-15 (mon-thurs) (9-2pm) rain day friday

Barbara Black Poli

Barb just finished coaching the boys and girls varsity cyo teams at St Jude School and continues working 1v1 with area athletes. She has coached at the College, High School and middle school levels for over 20 years in many different sports but mainly basketball. She played basketball in Australia and went back with Debbie to compete in the World Masters games in 2002 to win the gold medal. She was the first 12 letter athlete at Saint Joseph's Univ. And was also a 12 letter athlete at Archbishop Wood High School. She was inducted in the Archbishop Wood Hall of Fame in 2005.

Debbie Black

Debbie is 5'2 and (August 14 2005)' retired from the WNBA. She ended her career with the Connecticut Sun who lost in the finals in 2004 and 2005. She previously played for the Miami Sol and the Utah Starzz, in the WNBA, earning The Defensive Player of the Year Award in 2001. She played two and one half seasons in the ABL (American Basketball League) with the Colorado Explosion and was a two time All Star and Defensive Player of the Year.

Before playing professionally in the USA, Debbie played in Tasmania, Australia where she won two World Championships and earned the nick name (Tasmanian Devil).

Before turning Pro, Debbie played at Archbishop Wood High School (Hall of Fame and # retired). She won a scholarship to St Joseph's University (Hall of Fame and Big Five Hall of Fame). where she is still the steals and assists leader. She then went overseas to play in Australia.

Debbie has since been inducted into the Bucks County Hall of Fame, the Philadelphia Hall of Fame and last November was inducted into the Pennsylvania Hall of Fame. Her quadruple double ball is currently n the Basketball Hall of Fame . (10 points, 12 assists, 14steals and 10 rebounds)

She has most recently been inducted into the Atlantic10 Conference Hall of Fame, March 2017.



ABOUT THE CAMP

****Directors Barb Black Poli and Debbie Black**

****We like to hire local athletes from High Schools. We often bring back past campers to help coach our local players**

****Our camp has become popular over the years and fills very quickly.**

****We ask that you send your application as soon as possible so we may establish numbers of coaches and counselors.**

****We will attempt to keep the numbers to about 60 campers per weekly session.**

****Our day camp is located on RT 413 in Plumsteadville at Herbst Courts**

****We emphasize fundamentals**

****Free t-shirts, games and prizes**

****Beautiful Bucks County location**

A typical Day at Camp

pivoting drills
warm-up/ foul shooting
skills testing/ agility
Off. / Def. Stations
Off. / Def. Drills
1v1, 2v2, 3v3

Lunch / /Games / Cupstacking

Application

Make checks payable to Barb Poli

** Send completed form to: Barb Poli
3551 Bristol Rd. Doylestown, PA 18901

***daveandbarb2@verizon.net

NAME _____
SHIRT SIZE (ADULT) S M L XL
AGE _____ GRADE _____
ADDRESS _____

PHONE# _____
MOM CELL# _____ DAD CELL# _____
EMERGENCY# _____
MOTHER _____ FATHER _____

EMAIL CONTACT _____

Camp Fee: \$120

Circle the date : **June 24-27 (all girls)** **August 12-15 (boys and girls)**

**** No Refunds 30 days prior to start of camp week**

MEDICAL INSURANCE INFORMATION

Company Name _____

Policy Number _____

I approve my child's attendance at The Black Sister's Basketball Camp/Clinic and certify that (s)he is in good health.

If medical attention is required for illness or injury during camp, I grant permission for such care to be rendered. I hereby recognize and understand that the camp director is not responsible for any injury of any kind that may occur on the way to , during, or on the way home from the camp.

AUTHORIZATION FOR EMERGENCY SERVICES

A) I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusions of blood and blood components deemed necessary in the judgement of the physician(s) (and whoever may be delegated as assistants) of the hospital.

B) I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitations on the foregoing _____
_____ or if none, so indicate _____

Authorized Signature

Date

