**Daily Schedule:**

- **8:30-9:00 am** Check in
- **9:00-10:30 am** 1st Activity Period
- **10:30-12:00 pm** 2nd Activity Period
- **12:00-1:00 pm** Lunch
- **1:15-2:15 pm** 3rd Activity Period
- **2:15-4:00 pm** All Camp Activity
- **4:00 pm** Clean up & Departure

You must pick your child up by 4:00pm or there will be an added late fee charge. If you would like for someone other than the parents of the child to pick them up, you must provide written permission prior to pick up.

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**Camp Director - Bill Raynor**

Bill Raynor is in his 9th year as the Director of Athletics, Recreation and Wellness/Community Outreach Programs and 8th year as Head Men's Basketball Coach at MassBay Community College. Raynor, who was inducted into the 2007 class of the New England Basketball Hall of Fame, previously served as the Head Men's Basketball at the College of the Holy Cross for five years. He was the first Holy Cross coach to begin his career with back-to-back winning seasons.

Raynor's MassBay teams have consistently been ranked in the National Top Ten Polls, amassing a 175-69 record during his tenure. The 2008-2009 team was crowned New England champions and finished 6th nationally. The 2010-2011 team was ranked as high as 3rd in the country and finished the season as New England Region XXI champions with an overall record of 27-7, finishing 8th nationally. The 2012-2013 team finished 27-8, winning the New England Region XXI championship and finished 5th nationally, a school best.

Prior to his tenure with Holy Cross, Raynor was an assistant at Brown University. He was inducted into the Brown University Hall of Fame in 2007 for his contributions as a member of the coaching staff that led the Bear’s to their only Ivy League basketball championship. He was also an assistant coach at Harvard University. Raynor was inducted into the Catholic Memorial High School Hall of Fame for his outstanding high school athletic achievements.

**braynor@massbay.edu**

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**Directions to the Framingham Gymnasium:**

19 Flagg Drive Framingham, MA 01702
Phone (508) 270-4065 FAX (508) 270-4110

**Directions from Rt. 9:** Take Rt. 126 South (Concord Street). Take the first right after the traffic light onto Normandy Road. MassBay is on the right at the intersection of Normandy Road and Flagg Drive. There is parking on either side of the building.

**Directions via the Mass Pike:** Mass Pike (I-90) west, past Route 128 (Interstate 95), to exit 13 (Route 30). Stay to the right through the tolls, heading towards the Route 30 West (Framingham) exit. Follow Route 30 to Route 126 (Concord Street). Turn left onto Concord Street and proceed approximately 1/2 mile. Turn right onto Normandy Road. The College is on the right, approximately 1/4 mile at the intersection of Normandy Road and Flagg Drive.
Parental Consent Participation Waiver

I hereby grant permission for my child to attend the MassBay Summer Basketball Program. I verify that my child has had a physical in the past year and is capable to participate in the activities related to the sports camp. I agree to indemnify, hold harmless and defend and forever discharge the Commonwealth of Massachusetts, the Board of Higher Education, MassBay Community College, its Board of Trustees, and all their officers, agents and employees from and against any and all claims, demands and actions or causes of action or loss or damage to personal property, or personal injury, or death which may result from my child’s participation in said athletic activities. Should medical treatment for my child be necessary, I hereby authorize any physician or athletic trainer selected by camp personnel to order and conduct medical or surgical procedures necessary.

In addition, I hereby grant permission for the MassBay Sports Program to use any photography or videotape of camp related activities for advertising or educational video materials.

Parent/ Guardian Signature
__________________________________________

Framingham Campus
SESSION I July 7 to 11 ($225)
SESSION II July 14 to 18 ($225)
(circle session attending)

Child’s Name:__________________________________
Birth Date:____________________________________
Age by June 29, 2014 :_________ Sex :_____________
School Name:_________________________________
Grade:_______________________________________
Child’s T-Shirt Size (check one): Small _________
                                          Medium __________ Large_______
Name of Parent/ Guardians:_______________________
_____________________________________________
Home Phone:___________________________________
Cell Phone:___________________________________
Email : _________________________________
Address:_____________________________________
City/State/Zip:_________________________________
How did you hear about our program? ___________
                                          _______________________________
                                          _______________________________
                                          _______________________________
                                          _______________________________
                                          _______________________________
Health and Accident Insurance Co.
Policy # _________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
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Summer Basketball Program Registration

Medical Information

Please check if your child has any allergies or state if he/ she has allergic reactions to the following:
Insect Bites_____ Dust/Pollen _____
Animals_____ Eggs_____
Milk _____ Nuts _____
Other Foods ______________________________
Medications ______________________________

Please state if your child has any known medical ailments that our staff should be aware of (i.e. diabetes, asthma, seizures), or currently is required to take regularly prescribed medications:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Health and Accident Insurance Co.
Policy # _________________________________
________________________________________
________________________________________

Please submit a copy of your child’s immunization records with registration.

Emergency Contact Information:
If parent/guardian is not available in emergency, please contact
1. ___________________________________
   Phone (    ) ___________________________
2. ___________________________________
   Phone (    ) ___________________________

Make Checks/ Money Orders Payable to:
MassBay Community College
A $75.00 deposit is required per camp session.
The balance of $150.00 is due by May 31, 2014 with completed camp registration materials.