



USA Basketball
CAMP



REGISTRATION PACKAGE

SUMMER 2023

HIGHLIGHTS



Saintes, France



English & French



Startint at \$850



13 to 18 years old



July 16 to July 22

July 23 to July 29



Basketball Camp



Accomodations

School campus 2 to 4 beds



Transfers



Bordeaux-Mérignac



Cultural excursions

JOIN OUR BASKETBALL TRAININGS!

We welcome US athletes who want to discover a new country while perfecting their basketball techniques during the summer. We offer a full basketball experience in Saintes, France, where practices are given by former professional American coaches and basketball players who have played around the world.



Daily work in groups of levels and ages to improve passes, shootings, bounces, breaking free from one's opponent, defense... Discussions on the technique; Daily matches, tournaments; Individual competition.

ACCOMODATION & SUPERVISION



Each participant will stay in a securely gated student residence for the duration of the summer camp. Typically students will be housed in a room which has 2-4 beds. Students are placed in rooms with other participants of the same age and gender. Bathrooms are shared. Monitors are assigned to each floor of each dorm, assuring supervision and immediate access to camp staff should the campers need assistance during the night.

MEALS



Our Chef offers campers varied and balanced meals as well as examples of typical French dishes. Breakfast, lunch, snack and dinner are included. On excursion days, children are given an individual packed lunch. Dietary instructions can be accommodated if notified before camp.

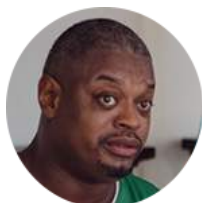
MEET THE STAFF



Derek DURHAM
Head Coach

Derek Durham, a former professional American basketball player, who lives in Kansas City, MO, is a world traveler. Renowned for his skill, Derek Durham was a student athlete at the University of Wisconsin-Milwaukee. He has played in Brazil, Colombia and Neuchâtel, Switzerland, where he was one of the leading scorers. He also played for fifteen years in France, including Maurienne, Sorgues, Trappes and Poissy where he turned in nearly 25 points per game! It was in Maurienne where he met his wife who is from Saintes. He also participated in the African Basketball Cup in 2014. Today, he has retired from high level competition. But his passion is always present! He now wants to give back what he received. At the beginning of the 2016-2017 season, he decided to connect with the US Saintes Basketball Club to organize the first overnight basketball camp and cultural exchange in Saintes, France.

COACHES



**Charles
POE**



**Hubert
REGISTER**



**Don
CARLISLE**



**Dr. Jim
KRAUSE**

WHAT IS THE GOAL ?

Give young people the opportunity to develop their game while being immerse in another culture.

"Traveling the world through basketball, allowed me to learn French and to open myself culturally. I realized there is not one, single right answer."

Derek Durham

INFORMATION

CAMP SESSIONS 2023

1ST SESSION

Sunday
16 to
Saturday July 22

2ND SESSION

Sunday
23 to
Saturday July 29

OPTIONS AND PRICES

Overnight Camp
\$ 850
7 days and 6 nights
3 meals and 1 snack per day

NOTES :

- ✓ All programs include: all activities, 1 uniform (shirt, jersey and short), meals, and transportation on site.
- ✓ **Meals:** From dinner on Sunday to lunch on Saturday.
- ✓ **Check in and check out for all campers** are on Saturdays
 - ◇ A free shuttle welcomes the trainees to Bordeaux-Merignac airport and the SNCF train station of Saintes.
 - ◇ Saturday's arrival for an additional fee of \$50. Please inform us two weeks before the camp starts.
- ✓ **Children from 13 years up to 18 years.**
- ✓ **Prices DO NOT include:** travel arrangements to Bordeaux from the participant's home, travel insurance(luggage lost, flight delay etc.), visa, passport and medical exam fees, Medical, Liability and Emergency Repatriation Insurance, child's personal expenses and pocket money.
- ✓ Prices are subject to change due to fluctuating foreign currency rates.

DISCOUNT :

- ✓ **2-camp:** \$60 off
- ✓ **Family:** \$30 off for each additional child (immediate family only)

A TYPICAL CAMP DAY

7:30 am	Good morning	4:30 pm	Game time
8:00 am	Breakfast	5:30 pm	Pool
9:00 am	Skill stations	6:45 pm	Dinner
11:45 am	Lunch	7:45 pm	Baseball & Flag Football
1:00 pm	Rest/Yoga	9:00 pm	Evening activity
2:30 pm	Skill stations	9:30 pm	Relax
3:30 pm	Set record contest	10:00 pm	Lights off

HOW TO REGISTER ?

The camps are open to boys and girls from 13 to 18 years old.
However, we are open to other age groups provided they are able to follow camp policies.

1. **Online registration**
2. **Other documents required:**
 - ◇ Camper's picture ID: send electronically
 - ◇ Physical form filled out by a physician: bring on the 1st day of camp
 - ◇ Proof of Travel Medical Insurance for visiting France
 - ◇ Copy of a valid passport
 - ◇ Payment: check(s), bank transfer or paypal

PAYMENT

Checks: payable to **SSD**. Possibility to enclose 3 checks. Last check will be cashed no later than the 1st day of camp. Please mention the date of collection on each check (the 5th or 15th of the month) as well as the camper's name.

Mail-in to the following address : **USA BASKETBALL CAMP**
 PO Box 1156
 LEES SUMMIT, MO 64063

Bank transfer: RIB on request. Bank charges are entirely your responsibility. Please mention the **name of the camper + USA Basketball Camp – Saintes** in the title of the transfer.

Paypal: please add an extra \$5 for convenience fee (https://paypal.me/underdog1?locale.x=en_US)

Registration can only be confirmed upon receipt of the full payment and the required documents.

After your registration

Upon receipt of the complete application and the total payment, you will receive an email confirming the registration of your child to the camp within the limits of the places available.

You will receive more information 15 days before the camp starts.

Penalties in case of cancellation

\$50 is non-refundable until one month before camp begins.

No refunds will be made within one month of the camp 1st day, except in the case of a serious medical injury.

SAFETY

For information about health threats and political safety in France, please call the **U.S. Department of State at (202) 647-5225**.

PARENTS WISHING TO TRAVEL WITH THEIR CHILD

We welcome all parents wishing to visit France for the duration of the camp. The presence of parents is accepted during training hours or during the tournament. However, we want to emphasize that you are completely independent of the camp.

We can recommend various accommodation options and places to visit in the Charente-Maritime region. Please check the following tourist guide and feel free to call us for details.<http://www.france-atlantic.com/guide/brochures>



SPORTS PHYSICAL FORM



NAME _____ DATE _____
 DATE OF BIRTH _____
 ADDRESS _____
 KNOWN ALLERGIES _____
 DATE OF LAST TETNUS BOOSTER SHOT _____
 CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS), SUPPLEMENTS _____

____Cleared for all athletic activities
 ____Not cleared for all athletic activities
 Reason _____
 Restrictions/Recommendations: _____
 Signature of Examiner: _____ Date: _____
 Printed name of Examiner _____
 Address of Examiner _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- ____Ongoing or chronic illness
- ____Hospitalized overnight
- ____Chest pain during exercise
- ____High blood pressure
- ____Asthma
- ____Cough, wheezing, or trouble after or during exercise
- ____Racing of your heart or skipped heartbeats
- ____Family member or relative who died of heart disease or sudden death before age 50
- ____Problems with eyes (decreased vision, eyeglasses, contact lenses)
- ____Orthopedic injuries (sprains, fractures, ligament damage).
- ____Surgery
- ____Passed out or dizziness after exercise
- ____Heart murmur
- ____Seizures
- ____Concussion or loss of consciousness

Please describe:

I certify that the above information is complete and correct.

Signature: _____ Date: _____

This exam must be conducted within one year prior to the start of the camp.

INSURANCE INFORMATION

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____

SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____

NAME OF INSURANCE COMPANY: _____

CLAIMS MAILING ADDRESS: _____

POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Parent/Guardian Signature _____

Date _____

PHYSICAL EXAM

BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain:

- ____Eyes/ears/nose/throat
- ____Lymph nodes
- ____Heart
- ____Pulses
- ____Lungs
- ____Abdomen
- ____Genitalia/hernia
- ____Skin
- ____Neck
- ____Back
- ____Shoulder/upper arm
- ____Elbow/forearm
- ____Wrist/forearm
- ____Hip/upper leg
- ____Knee
- ____Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: _____



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