



**Monday, July 7– Friday July 11, 2025**

**9:00 AM – 12:00 PM  
SHEPAUG VALLEY SCHOOL**

**For Boys and Girls Entering  
Grades 5, 6, 7, 8, or 9**

**\$100.00 Per Camper (\$50.00 non-  
refundable deposit due with registration);  
\$10.00 "Family Discount":  
Each Family sending 2 or more campers  
will receive a \$10.00  
discount off the total cost.**



**Matt Perachi, the former longtime Varsity  
Basketball Coach at Shepaug Valley High  
School and the current Athletic  
Director/Dean of Students at Shepaug, is  
the Director of the Camp.**

**OUR DAILY PROGRAM INCLUDES:  
Warm-Up Activities/Progressive Stations  
Special Drills & Contests  
Team Competition**

**For further information, please call  
Matt Perachi at (860) 946-7087**

**Please complete this registration form and return with a check payable to DIMENSIONS  
BASKETBALL CAMP and mail to: MATT PERACHI, 98 Church Hill Road, Washington Depot, CT  
06794.**

**DIMENSIONS BASKETBALL CAMP REGISTRATION FORM (Please Print)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_ Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Grade in School (as of Sept. 2025) \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact (if parent/guardian can't be reached) Name \_\_\_\_\_

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

I hereby authorize Dimensions Basketball Camp to act for me according to their judgment in any emergency requiring medical attention. I hereby waive and release Dimensions Basketball Camp from liability for injury. I know of no mental or physical problems which affect my child's ability to safely participate in the Dimensions Basketball Camp. I certify that my child is physically fit to participate in Dimensions Basketball Camp.

Signed \_\_\_\_\_  
Parent or Guardian (liability for injury is waived)

*A non-refundable deposit of \$50.00 must accompany this completed registration form. The balance must be paid in full on or before July 7, 2025.*

**FOR OFFICE USE ONLY: FAMILY DISCOUNT \_\_\_\_\_ WAITING LIST # \_\_\_\_\_**

**AMOUNT PAID \_\_\_\_\_ DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT DUE \_\_\_\_\_**