

2018 Warrior Girls Basketball Camp



This summer we will host a Warriors Basketball Camp for girls in the Southern School District. The camp is designed to help the participants increase their basketball skills and knowledge. The Warriors Girls Camp will be held in the Main at Susquehannock High School under the direction of the girls coaching staff. Some players of the Varsity team will also be helping to coach the campers.

Daily Activities

Individual attention will be given to each camper in the following areas: cutting, passing, ball-handling, shooting, rebounding, individual offensive and defensive skills, and team play. Contests will be scheduled for shooting drills, foul shooting and hot spots. There will also be team competitions and three on three contests. Everyone will participate in all games and contests throughout the week. Campers will be grouped with players of similar age and ability to ensure the best possible camp experience.

Schedule

Morning Camp – For all girls who have just completed grades 2-9th. The camp will run from Monday June 18 – Thursday June 21, 2018, 8:00 a.m. till 12:00 noon.

Awards

Every camper that registers will receive a camp T-shirt, certificate, and report card for their participation in the camp. Contest and team winners will receive special awards.

Cost

The cost of the camp will be **\$60.00 per camper**.
If you have two or more girls who want to attend camp the charge is \$50.00 per camper.

Camp Registration Form

Name: _____ Grade _____
Address: _____
Parent/Guardian: _____
Email: _____
Home Phone: _____
Number: _____
Parent/Guardian:
Name _____
Cell Phone
Number: _____
Work Phone
Number: _____

Shirt Size: YS YM YL AS AM AL AXL (circle one)

Medical Information

Doctor: _____
Doctor's Phone: _____
Medical Limitations:

Allergies: _____

I authorize the permission of medical treatment to my child in the event of emergency trauma or medical condition requiring such treatment. I understand that Southern York County School District does not carry medical or accident insurance.

Parent/Guardian _____ Date _____

Send completed form and payment to:

Dave Schreiner
18705 Brick Store Road
Hampstead, MD 21074
Please make all checks payable to: All Sports Booster Club