



**2021  
WARRIOR  
BOYS  
BASKETBALL  
CAMP**

**June 7th – June 10th 2021  
Monday – Thursday (9:00 am – 2:45 pm)**

**FOR BOYS ENTERING GRADES 2 THRU 9 IN 2021-2022**

**COST**

The cost of the camp is \$100.00 per camper FOR ALL GRADES. **(The All-Sports Booster club has discontinued their camp reimbursement policy.)** Every camper who registers by **June 1<sup>st</sup>** will receive a camp t-shirt & basketball. Applications will be accepted up to & including the 1<sup>st</sup> day of camp, however, a t-shirt & basketball for applicants who register after **June 1<sup>st</sup> will be subject to availability.** Camp snack bar will be open for lunch purchases.

**APPLICATION:** Complete the application form & mail with payment (Please make checks payable to **SHS All-Sports Booster Club**) to:

Andy Shelow, Head Boy's Basketball Coach  
Susquehannock High School  
3280 Fissels Church Road  
Glen Rock, PA 17327

Camp will be held in the gyms on the Susquehannock High School campus & is designed to help participants improve their basketball skills & knowledge. Campers should **report to the High School Main Gym on June 7<sup>th</sup>**. Camp is under the direction of Susquehannock Boy's Varsity Basketball Coach, Andy Shelow (Questions: andy.shelow@sycsd.org) & staff. Players of the JV & Varsity Basketball Team will also be assisting. Camp is designed to be instructional & fun. Campers will be grouped according to age, grade & skill to ensure the best possible camp experience.

**CAMP APPLICATION AND EMERGENCY INFORMATION FORM**

NAME: \_\_\_\_\_

GRADE ENTERING NEXT YEAR (2021-2022): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE (9:00 – 2:45): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

T-SHIRT SIZE: YM YL AS AM AL AXL AXXL

**TO WHOM IT MAY CONCERN – I AUTHORIZE THE PERMISSION OF MEDICAL TREATMENT TO MY CHILD IN THE EVENT OF EMERGENCY TRAUMA OR CONDITION REQUIRING SUCH TREATMENT. I UNDERSTAND THAT THE WARRIOR BOY'S BASKETBALL CAMP/SOUTHERN YORK COUNTY SCHOOL DISTRICT DOES NOT CARRY MEDICAL OR ACCIDENT INSURANCE.**

PARENT/GUARDIAN: \_\_\_\_\_

(signature)

DATE: \_\_\_\_\_