

2024 Warrior Girls Basketball Camp

Hello everyone! We are excited to announce that the Susquehannock Girls Basketball Camp is on for June 3rd - 6th this coming summer. Our high school players and coaches cannot wait to see all of the girls come out to learn new skills, play some games, and have lots of fun with all of their friends!

IMPORTANT INFORMATION ON PICKUP AND DROP OFF

We anticipate a very busy construction schedule this coming summer. Our hope is by having camp early in June, we could potentially avoid most of the heavy construction taking place on main campus. As of now, camp will start and end each day at the MAIN gymnasium. Pickup and drop off will be in the new side parking lot located near the football field entrance where tickets are sold. Players will be able to enter through the side doors to the main gym. To ensure the safety of our campers, we will have counselors out during pickup and drop off each day.

Daily Activities

Each day campers will learn new skills that can be used on both the offensive and defensive ends of the floor. Shooting, ball handling, passing, rebounding, communication, and defensive positioning are just some of the areas that will be a focus. Additionally, players will have the opportunity to compete in 3 on 3 games, play through a "season" of 5 on 5 (with playoffs!), and much more. We are excited!!

Schedule

For all girls entering 2nd-9th grade this coming school year. The camp will run from Monday, June 3rd - June 6th 9:30 AM - 2:00 PM. The doors to the Main Gymnasium will be open at 8:15 AM for anyone that needs to drop off campers earlier.

Awards

Every camper that registers will receive a camp T-shirt and a report card from their 5 on 5 coach (camp counselor). Additional awards will be given to the winning players/teams for various competitions.

Cost

The cost of the camp will be **\$100.00 per camper.**

If you have two or more girls (sisters) who want to attend camp the charge is \$75.00 per camper.

Camp Registration Form

Incoming Grade in August: _____

Player Name: _____

Incoming Grade in August: _____ (circle one)

Address: _____

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

Parent/Guardian: _____

Email: _____

Home Phone: _____

Work Phone: _____

Parent/Guardian: _____

Email: _____

Home Phone: _____

Work Phone: _____

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:

Alex Fancher

14 Old Farm Lane

New Freedom, PA 17349

Please make all checks payable to: All Sports Booster Club

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