

# 2011 LADY CELTICS SUMMER BASKETBALL CAMP



*May 31st-June 3rd*

*6pm-8pm*

*@Dublin Jerome High School*

*Hosted by Head Coach Matt Martin*

*and Varsity Asst. Jim Miller*



*2011 Lady Celtics Summer Basketball Camp*

*Cost \$80 (checks payable to Celtic Cagers)*

*Address: 8300 Hyland Croy Dublin, Oh 43016*

*Pre-Registration Recommended for Ordering Purposes*

- The Dublin Jerome Girls Basketball program would like for you to experience a basketball camp that introduces young players to the skills necessary to be successful in the game of basketball! The basics are taught in an informative way, yet we make it fun for the campers. Players will focus on the individual fundamental skills of both perimeter and post players.
- All campers should report to Jerome High School 15 minutes prior to camp so attendance and warm-ups can take place. Camp will end on Friday with an awards ceremony which will take place at 7:30 pm followed by a Pizza Party. Competitions Include: 1 on 1 Tournament, 3 on 3 Tournament, Free-Throw, Defensive MVP, and Ball Handling

## PART 1: Camper Information

Camper's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Shirt Size \_\_\_\_\_

Grade September, 2011 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## In Case of Emergency: Parent/Guardian Information

Parent/Guardian Name \_\_\_\_\_ Home

Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby grant permission for my child to participate in the Lady Celtics Summer Basketball Camp and also authorize the staff to act according to their best judgement in case of a medical emergency. I also agree to hold the camp staff free of liability in case of loss, damage, illness, or personal injury that may result due to participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_