

LADY BEARCAT BASKETBALL “LBB”



SUMMER CAMP 2018
June 4th-6th

K-5th GRADE

8:00 a.m.- 10:00 a.m.

6TH- 8TH GRADE

10:00 a.m.- 12:00 p.m.

(Girls entering these grades next year)



CAMP FEATURES:

- TEAM CONCEPTS
- BALLHANDLING & PASSING INSTRUCTION
- SHOOTING INSTRUCTION
- DEFENSIVE CONCEPTS
- ABILITY /AGE GROUPING
- CONTESTS AND GAMES
- CERTIFICATES FOR CONTEST WINNERS
- CAMP T-SHIRT

CONTESTS INCLUDE:

- HOT SHOT
- FREE THROW
- CHAIR DRIBBLE
- 2 BALL LAY-UPS
- LANE SLIDES
- ONE-ON-ONE
- TEAM PLAY

COST:

- \$ 25.00
- MAKE CHECKS PAYABLE TO: DHS
- PLEASE RETURN REGISTRATION FORM BY **MAY 18TH**. YOU MAY ALSO REGISTER AT THE DOOR THE FIRST DAY OF CAMP.
- T-SHIRT ORDER WILL BE MADE ON **MAY 18TH** TO ALLOW AMPLE TIME TO COMPLETE THE ORDER BY BEGINNING OF CAMP
- A SECOND ORDER WILL NOT BE MADE



**HOME OF THE
BEARCATS**

Questions??? Contact CHAD ALLEN @

Phone: 573-421-4571

Email: callen@dexter.k12.mo.us

Please return to: **Chad Allen**
17300 CR 409
Bloomfield, MO 63825

REGISTRATION FORM

*** When choosing a session, consider what grade your daughter will be in NEXT school year. Please mark the session your child will attend.

SESSIONS:

___ 8:00 a.m.— 10:00 a.m. K / 1st / 2nd / 3rd / 4th / 5th grades

___ 10:00 a.m.—12:00 p.m. 6th / 7th / 8th grades

___ I am sending a \$10.00 non-refundable deposit. The balance is due on the first day of camp.

___ I am sending the full amount of \$25.00

T-SHIRT SIZE (CIRCLE ONE)

ADULT : S M L XL

YOUTH: XS S M L

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

PARENT/GUARDIAN: _____

WORK PHONE #: _____

AGE: _____ GRADE (NEXT YEAR): _____

Alternate Emergency Contact: _____

Phone Number: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT THE STAFF NEEDS TO KNOW ABOUT? IF SO, EXPLAIN.

I, _____, the parent or guardian, do hereby grant permission for my daughter, _____, to participate in the basketball camp at Dexter Schools. In order for my daughter to receive the necessary medical treatment in the event she is injured during camp, I hereby authorize the basketball coaches or other supervising adults to obtain medical treatment for my daughter for such injury during the camp, and hereby hold the Dexter School District and its representatives harmless in the exercise of authority. My daughter and I have read and understood the above medical authorization and liability release.

Signature of Parent/Guardian

Date