

# SKANEATELES LAKERS GIRLS BASKETBALL



## 1<sup>ST</sup> ANNUAL 2015 SUMMER CAMP



July 13<sup>th</sup> - 17<sup>th</sup> Grades 2<sup>nd</sup> - 12<sup>th</sup>

9:30am-12pm Skaneateles High School (7<sup>th</sup>-12<sup>th</sup> Grade)

12:30pm-3pm Skaneateles High/Middle School (2<sup>nd</sup>-6<sup>th</sup> Grade)

Conducted by "DSB"

*Developing Skills for Basketball*

Coach Carl Foehl- Instructor

Mobile: 315-224-8484/email: [cffoehl@roadrunner.com](mailto:cffoehl@roadrunner.com)

### **Please register by June 30, 2015**

Fun filled camp for learning basketball skills including ball handling, passing, shooting, triple threat position & footwork techniques, learning/developing defensive & offensive skills, games/mini competitions, skill stations and scrimmages (2v2, 3v3, 5v5)

**Basketball Camp Signup: \_\_\_\_\_\$125/Player \_\_\_\_\_\$115/Player-Multi Player Family**

*Please make checks payable to: Skaneateles Girls Basketball Boosters*

*Send payment and form below to: Bob Atkinson, 11 Kane Avenue, Skaneateles, NY 13152*

-----Detach and submit with payment-----

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ (entering fall 2015)

Name of Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Any health conditions of which we should be aware? \_\_\_\_\_

**In case of emergency, when guardian(s) cannot be reached, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my daughter to participate in the Skaneateles basketball camp and waive & release the camp, it's staff and the Skaneateles School district, from any and all liability from any injury or illness incurred during this camp.

\_\_\_\_\_  
(Signature of Parent or Guardian)

Please select

T-Shirt Size:  Youth: Small  Medium  Large  ADULT: Small,  Medium,  Large,  X-Large