

2018 CHAPEL HILL BASKETBALL DAY CAMP

JUNE 25th & 26th 8a to 12p
Open to rising 4th thru 8th grade Boys & Girls
Cost: \$50 (register by May 15th & receive \$10 off)

DAY CAMP HIGHLIGHTS

- ◆ Proper fundamentals in shooting, passing & dribbling, lay-ups, defense, FT's & Moves
- ◆ Games & 5 on 5 competitions
- ◆ Daily prizes & awards
- ◆ Grouped according to age & ability
- ◆ Each camper receives a t-shirt
- ◆ Drop off at 7:30am
- ◆ There will be a Camp Bank for the concession stand & pizza daily
- ◆ Quality instruction from former college coach & current Chapel Hill head Coach Amber Lee & former D1 basketball and track star & current Chapel Hill assistant O'Neisha Smith



**Guest appearance by ACC Player
of the Year**

ASIA DURR

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Registration

Camper's Name: _____ Gender: Male ___ Female ___ DOB: _____ Height: _____
School Name: _____ Grade (2018-2019): _____ Position: PG Guard Forward Center
Street Address: _____ Town/City: _____
State: _____ Zip: _____ Email: _____
Day Phone: _____ Evening Phone: _____

In the event of an emergency contact: _____ Phone #: _____

T-Shirt Size: YS YM YL AS AM AL AXL Referred by: _____

Pre-register by mail, bring to main office during normal school hours or online at www.ChapelHillBasketball.com. Or registration can be mailed to the address below until June 11th. After that date please bring registration to the CHHS main office, register online or register the day of camp. Walk up registration begins at 7:30am June 25th at Chapel Hill High main gym. Any addition questions please email Amber Lee at amber.lee@douglas.k12.ga.us. **Make Checks Payable to: Chapel Hill Panther Club**

Mail Checks and Form to:

Amber Lee
4899 Chapel Hill Rd
Douglasville, GA 30135

INSURANCE, MEDICAL CONSENT & RELEASE

I/We the undersigned do hereby assume all risk for injury to our child (camper). I/We release the Douglas County School System, Board of Education and coaches of the camp from any liability as far as our child (camper) is concerned. I/We also grant permission for emergency medical treatment in the event I/We cannot be reached.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

MEDICAL HISTORY

Circle all that apply

- | | | |
|--------------------------------------|---|---|
| 1. Birth Deformities | Y | N |
| 2. Medical Condition under treatment | Y | N |
| 3. Pre-existing injury | Y | N |
| 4. Allergies | Y | N |
| 5. Contacts/Glasses | Y | N |

Please explain any yes answers above:

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