

2018 New Manchester
“Girls & Boys”
Basketball Skills Camp

June 18th – 21st



Monday-Thursday

8:00 a.m. - 4:00 p.m.

Registration Deadline: June 15, 2018

AGES: 1st – 8th grade

New Manchester High School Gymnasium
4925 Hwy. 92/166
Douglasville, Georgia

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4925 Hwy. 92/166
Douglasville, GA 30135



Name _____ Grade _____ Age _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Parent/Guardian _____
T-SHIRT SIZE (PLEASE CIRCLE): YM YL AS AM AL AXL

Mail to: Coach Parks Head Basketball Coach NMHS Camp June 18th-21st
4925 Hwy. 92/166, Douglasville, GA 30135 Cost: \$100/camper
Make check payable to: NMHS – Girls Basketball Discount for multiple kids/per household

For more info call Coach Parks at: (770) 651-2782 or (770)688-9173

CAMP STAFF

Camp Director: Coach Vincent Parks

Coaches participating:

Randy Fant

Catrice Shivers

Kayla Lindsey

Guest Speakers & Instructors:

**Former UGA player/Coach/Mentor
Shaun Golden**

Coach Randy Fant

New Manchester High School Players

**Send in the Application and
we will see you at camp!**

DAILY SCHEDULE

MONDAY

8:00-9:15 am Registration / Roll Call

9:15-11:30 am Individual Skills

11:30-12:30 pm Lunch

3:00 pm Team Play

4:00 pm Day ends

TUESDAY - Wednesday

8:00-9:00 am Roll Call / Stretching

9:15-11:30 am Individual Skills

11:30-12:30 pm Lunch

3:00 pm Team Play

4:00 pm Day Ends

Thursday

8:00-9:00 am Roll Call / Stretching

9:15-11:30 am Individual Skills

11:30-12:30 pm Lunch

3:00 pm Team Play

4:00 pm Camp Ends

**ALL CAMPERS RECEIVE A
CAMP T-SHIRT**

***\$15 Late Fee for any child here after 4pm.**

Lunch is provided for all campers.

**Concessions will also be sold at the camp for
those wanting extra food or snacks.**

**All Campers need to bring
their own basketball with
name written on ball.**

Camp Cost

Camp \$100 per camper
(includes free t-shirt)

I understand that each camper is responsible for all medical bills incurred while at camp. I also hereby authorize the directors of the camp or anyone they designate to act for me to the best of their judgment in an emergency requiring medical attention, and give permission to any health care provider to render such treatment. I also relieve all directors, school and staff members of any and all liability resulting from my child's participation in the camp.

Signature of Parent/Guardian:

Date: _____