

# PANDORA GILBOA GIRLS' BASKETBALL SUMMER CAMP

When is it?  
July 15-17  
7:00-8:30pm

What is it?  
The Lady Rockets Basketball team will hold a summer camp covering all aspects of the game of Basketball. This will be a great opportunity for young players to work with the Varsity team and coaching staff to help build proper fundamentals and become a better player.

Who can attend?  
Any girl entering 2<sup>nd</sup> - 8<sup>th</sup> grade (2019-2020 school year)

What can you expect from camp?

- T-shirt to all participants
- Individualized instruction for players at any level and experience
- Individual evaluations
- Fun, skill and competitive games

What do I need for camp?  
Come prepared wearing shorts and a t-shirt, tennis shoes and bring a water bottle

What is the Cost?  
Before June 14: cost is \$30 per camper; \$20 for each additional camper

After June 15: Please add an additional \$5 for each camper

## Please make checks payable to the Pandora-Gilboa Girls Basketball

Complete registration form, detach and mail with payment to:

**Kathleen Dysert**  
**15659 Rd 5 Pandora,**  
**OH 45877**

If you have any questions you, please contact  
Coach Dysert at:  
[Dysert.Kathleen2@gmail.com](mailto:Dysert.Kathleen2@gmail.com)  
419-348-3042 (cell)

## REGISTRATION FORM

Player Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade (2019-2020): \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact (other than parents):

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

Any medical conditions to be aware of: \_\_\_\_\_  
\_\_\_\_\_

T-shirt size: \_\_\_\_\_

I give permission for my daughter to participate in the 2019 P-G Basketball camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my daughter's participation, I will not hold the camp or its employees of P-G School District responsible for any loss, damage or injuries that may be received as a result in the participation of this camp. In addition, I give my permission for any medical treatment by any qualified physicians or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

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