

# CCHS LADY WILDCAT GIRLS BASKETBALL CAMP

FOR ALL GIRLS AGES 8 TO 18

May 28<sup>th</sup>- May 31<sup>st</sup> 2018

CAMDEN COUNTY HIGH SCHOOL GYM  
CAMP TIMES: 1 – 4 PM  
THE FINAL DAY IS AWARDS DAY



**COST: \$60.00**

(Concession Stand Will Have Pizza Daily)

This camp is for girls of every ability level. Instruction will be provided by the Camden High girls' basketball coaching staff. This camp will be fun and competitive.

For more information contact Coach Ellis at (912) 674-2149 or email [kellis@camden.k12.ga.us](mailto:kellis@camden.k12.ga.us)

**EACH PARTICIPANT WILL RECEIVE A T-SHIRT AND COMPETE FOR OTHER AWARDS**

INSTRUCTION WILL EMPHASIZE:

PASSING DRIBBLING FOOTWORK SHOOTING DEFENSE

AWARDS GIVEN:

SHOOTING HOTSPOT COACHES AWARD TEAM CHAMPIONS

(DETACH AND RETURN)

PLEASE SUBMIT FORM EARLY SO T-SHIRTS AND AWARDS CAN BE ORDERED

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Your Grade Level in August 2018 \_\_\_\_\_

Address \_\_\_\_\_

Adult T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ School you currently attend \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone #s \_\_\_\_\_ / \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I grant my daughter permission to participate in the Lady Wildcat Basketball Camp and release the Camden High coaching staff and camp volunteers from liability. My signature below grants the camp staff permission to seek medical attention for my child in case of an emergency.

Parent/Guardian's Signature \_\_\_\_\_

Make check payable to "CCHS Basketball" Mail to: Camden County High School  
Attn: Coach Keith D. Ellis  
6300 Laurel Island Pkwy  
Kingsland, GA 31548