



## 3rd Annual Dover Girls' Basketball Camp

The Girls' Basketball Coaching staff, along with players from the high school team, will coordinate the camp and ensure that the campers learn essential basketball skills. Our camp focus will be on key fundamentals of each position on the basketball court.

- Dates: July 23-25, 2024
- Time: 6:00 - 8:00 PM
- Where: Dover High School Gym
- Who: Girls' entering into Grades 1st – 8th
- Cost: \$40.00
- Free T-Shirt
- Registration Deadline is June 14th 2024
- Checks made payable to ***Dover Eagle Athletic Booster Club***

Mail to: Dover Area High School

Attention Athletic Office: Girls' Basketball

4500 Intermediate Ave Dover, PA 17315

If you have any questions, email Coach Matthews at [cmatthews@doversd.org](mailto:cmatthews@doversd.org).

**PARTICIPANT INFORMATION Please type or print legibly.**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

T-Shirt Size: (please circle) YS YM YL AS AM AL AXL

School: \_\_\_\_\_

Grade attending year 2024-2025: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's cell: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Specify any of your child's health problems:

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? No / Yes If yes, please specify:

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test, and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by the Dover Basketball Program, including but not limited to, all aspects of basketball. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release the Dover Basketball Program, as well as its employees, staff members, players and coaches, from liability to the above-named athlete, of the person claiming through him/her, arising from injury to the person or property of the above-named athlete occurring on the premises of Dover Area High School, including any event sponsored or sanctioned by the Dover Basketball Program, and or travel to and from such activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_