

BOYS BASKETBALL CAMP

Week: June 10 – 13, 2024

Times: Entering Grades 3 – 5 (9 – 11:30am)

Location(s): Dover Area High School

Entering Grades 6 – 9 (1 – 4pm)

Fee(s): \$100/participant; \$75 for each subsequent participant

* Deadline for registration is May 10, 2024. Late registrations will be accepted after that date, though an additional \$15 processing fee will be assessed.

- Run by Varsity & JV coaching staff and players.
 - To register, complete the required information and send with payment.
 - Please email questions to Dan Overmiller at daovermiller@doversd.org.
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Name of Player _____

Address _____

City _____ Zip Code _____

Current Age _____ Grade Entering in Fall _____

Phone _____ Team Last Season _____

Years of Experience _____ Coach Last Season _____

Mother's Name & Cell Number _____

Father's Name & Cell Number _____

Emergency Contact Name & Cell Number _____

Relationship to Emergency Contact _____

Doctor Name & Phone Number _____

Insurance Carrier & Policy Number _____

Hospital of Choice _____

Health Concerns We Should Know _____

If your child taking medication (Please circle and specify, if Yes) YES NO

Method of Payment: Money Order _____ (amount)

Check _____ (amount) Number _____

T-Shirt Size: (Please Circle) YS YM YL AS AM AL AXL

Please make checks/money orders payable to: Dover Eagle Athletic Booster Club

Memo Line Please Write: Boys Basketball Camp

PARENT/GUARDIAN SIGNATURE REQUIRED (LINE BELOW)

In the event of an emergency and the above listed are unavailable, you have my permission to authorize any physician, athletic trainer, nurse, or certified medical personnel to examine, interview, test, and treat my child as deemed advisable.

PARENT STATEMENT

I state (camper's name) _____ is in sound mental and physical health condition to participate in the activities offered by the Dover Basketball Program, including, but not limited to, all aspects of basketball. I fully acknowledge any activity involving height motion, and athletic exercise carries with it the possibility of serious injury. I release the Dover Basketball Program, as well as its employees, staff, players, coaches, district administration from liability to above named athlete, of the person claiming 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 sanctioned or sponsored event by the Dover Basketball Program and/or travel to/from such activities.

PARENT/GUARDIAN SIGNATURE REQUIRED (LINE BELOW)

Please Send To:

Dover Area High School
c/o Athletic Department
Attn: Boys Basketball Camp
4500 Intermediate Avenue
Dover, PA 17315