

# DWD Lady Lions Basketball Summer Camp

## WHEN IS IT?

June 26th -28th  
10:00 am – 2:00 pm

## WHAT IS IT?

The Lady Lions will hold a summer basketball camp covering all aspects of the game of basketball. This will be a great opportunity for young players to work with the JV and Varsity teams and coaching staff to help build proper fundamentals and become a better basketball player.

## WHO CAN ATTEND?

Any girl entering grades 1-8

### Where is it?

Daniel High School  
Main Gym

## HIGHLIGHTS OF CAMP:

- Free t-shirt to all participants
- Individualized instruction for players of any level and experience
- Players grouped appropriately by age and ability
- Individual evaluations
- Fun, skill, and competitive games

## WHAT IS THE COST?

\$50

Make checks payable to

Blue and Gold  
Booster Club

## WHAT DO I NEED?

Positive Attitude, Shorts, Basketball  
Shoes, Bagged Lunch

Registration Form- Complete, detach and mail  
with payment to:

Daniel High School  
Girls' Basketball Camp  
c/o Cosandar Griffin  
140 Blue and Gold Blvd.  
Central, SC 29630

Walk in registration allowed on  
Monday Morning

If you have any questions, please  
contact Cosandar Griffin

864-349-9747

[cosandargriffin@pickens.k12.sc.us](mailto:cosandargriffin@pickens.k12.sc.us)



## Registration Form

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

Age \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

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

Cell \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

Are there any Medical Conditions  
that the staff should be aware of?  
\_\_\_\_\_

T-Shirt Size (Circle): YS YM

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We/I give my permission for my daughter to participate in the 2017 DWD Lady Lions 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 or Daniel High School responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

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