

Camp Registration

(Name on players camp certificate will appear as printed below.)
NAME
ADDRESS
CITY
STATE ZIP
PHONE (
EMERGENCY PHONE (
EMAIL:
2018-2019 GRADE
CLUDT CITE (DI

SHIRT SIZE (Please circle one)

YOUTH: S M L

ADULT: S M L XL

Cost: \$ 50 per Camper

Please complete both sides of this panel, detach along the dotted line, and return only this portion with your check. You may return the form to Amanda McNeill or you may mail to:

Amanda McNeill Shawnee Mission North 7401 Johnson Dr. Overland Park, KS 66202

Return forms by May 30 to receive camp shirt at camp

Enjoy 4 days of fun-filled competitive basketball instruction and receive an official Camp T-Shirt!

Skills Emphasized at the Camp

* Shooting

★ Passing

★ Rebounding

ᡮ Defense

* Team Play

Provided by the SMN Girls Basketball Team





Grade 9-12

Monday, June 4- Thursday, June 7 1-3:30 PM at **Shawnee Mission North High**

Grade 6-8

Monday, June 4-Thursday, June 7 3:30 -5 PM at **Shawnee Mission North High**

Grade 1-5

Monday, June 4 – Thursday June 7 5-6:30 PM at **Shawnee Mission North High**

Register for Grade level during the 2018-19 School Year

2018

Lady Indians Basketball Camp

June 4-7 - 1-5

June 4-7 - 6-8

June 4-7 - 9-12

Camp Features



Shooting

Passing

Ball

Handling

Defensive Fundamentals

Proper Stance &

Footwork Rebounding

Man 2 Man Defensive Techniques

Team Fundamentals

Players will be divided and assigned a team coach to help implement the individual skills taught in a team setting.

Times

9-12 6/4-6/7 - 1-3:30 PM

6-8 6/4-6/7 - 3:30-5 PM

1-5 6/4-6/7 - 5-6:30 PM

Camp Highlights

↑ Daily skill instruction from North's Coaches and Players

♠ 3 On 3 Game Play

★ Free Throw Competition

Fach Camper receives an Official Camp Tee Shirt

★ Each Camper receives a Camp Certificate of Participation

ᡮ Individual Awards for Skills

Location

Shawnee Mission North High School

What to Bring

Basketball Shoes Athletic Shorts & Tee-Shirt Water Bottle

Cost

\$50 per camper – Make check payable to Amanda McNeill

Medical Waiver

I hereby state my child
(CHILD'S NAME)
is in good health and has my permission to participate in all Lady Indians Basketball Camactivities. I authorize the staff at the camp to provide emergency first aid in the event of sickness or injury. I also give my permission for the coach/sponsor to sign for me in the event that emergency treatment, hospitalization, and/of surgery is required. I understand I am financiall responsible for any medical bills incurred by medical while at the 2018 Lady Indian Basketbal Camp.
My signature below hereby releases the camp camp sponsor, camp workers, camp volunteer from any and all liability and any manner cactions, suits, damages, claims, and demands account of personal injury arising from my child participation in the camp.
Please list any medical conditions the cam volunteers should be aware of during camp.
Parent Signature:
Date:
Emergency Phone: ()
,

Complete both sides, detach at dotted line, and return with your check made payable to: Amanda McNeill.

Return to SMN Office