GOLDEN EAGLE BASKETBALL

SKILLS CAMP

**June 3rd-6th, June 10th-13th& June 17th-20th (8am-4pm)**

Eagles Landing High School GYM

301 Tunis Road, McDonough, GA 30253

AGES 6-17

**COST $100 PER CAMPER PER WEEK**

**EACH CAMPER WILL RECEIVE A T-SHIRT**

**Bring money for extra snacks & beverages (if desired)**

**Lunch will be available for sale in the concession stand**

**(MAKE CHECKS PAYABLE TO ELHS BOYS’ BASKETBALL)**

**OFFENSIVE AND DEFENSIVE FUNDAMENTALS

**COMPETITION GAMES

**WHAT MAKES A GREAT TEAMMATE/GOAL SETTING/HEAD GAMES

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size (please circle BOTH) Youth or Adult S M L XL**

We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp, during the period of camp, to seek appropriate medical attention in the event of accident or injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. Additionally, I hereby state that Golden Eagle Skills Camp Staff and Eagle's Landing High School are not responsible for any pre-existing injury or illness of the above stated camper prior the first day the camper registers.

We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Eagle's Landing High School, and its staff, officers, agents, employees, representatives, and successors from all rights and claims for damage, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete registration, consent and return with check to: Eagles Landing Boys’ Basketball.

**If you have any questions or concerns, you may contact Coach Montgomery at 678-487-9961 or via email at Elliottmontgomery72@gmail.com**