



# OCTOBER 16-19

## PSHS GIRLS BASKETBALL YOUTH CAMP

### Focus: Footwork, Dribbling, Shooting Skills

This Youth Camp will be hosted by Coach DePaula (PSHS Girls Varsity Coach) and his Coaching Staff. The focus of the camp will be to improve skills and learn the game. Participants will receive a T-Shirt and Awards at the end of Camp!

**DATES:**  
**OCTOBER 16**  
THROUGH  
**OCTOBER 19**

**GRADES 5-8**

**TIME 6-8PM**

**COST: \$55** (CHECK  
PAYABLE TO PSHS) TURN  
IN TO PSHS ATHLETIC  
OFFICE OR BRING TO 1<sup>ST</sup>  
DAY OF CAMP

**QUESTIONS:**  
**COACH DEPAULA**  
[LDEPAULA@PSD202.ORG](mailto:LDEPAULA@PSD202.ORG)



PSHS GIRLS BASKETBALL YOUTH CAMP FALL 2017  
REGISTRATION FORM

- ✓ No confirmation will be sent. Please report on the camp start date listed on this camp schedule.
- ✓ Please make checks payable to PSHS. There is no registration by fax, phone or credit card.
- ✓ Please complete a registration form for each participant.
- ✓ Payment for multiple family members participating in camp **can** be combined.
- ✓ Refunds will not be issued for any reason after the camp has started. To request a refund before the first day of camp, please call 815.577.5523 and leave a message. Please allow 4-6 weeks for refund. Processing fee of \$20 will be deducted.

Bring this registration form to 1<sup>st</sup> day of camp, turn it in to PSHS Athletic Office or mail it with payment to:

- PSHS ATHLETIC OFFICE  
GIRLS BASKETBALL PRE-SEASON CAMP 2017  
7800 W. Caton Farm Road, Plainfield, IL, 60586

<b>Participant Name</b>		<b>Grade</b>	
<b>Shirt Size</b>	*MEN ADULT SIZES* XS S M L XL XXL  ***Only students registered by October 12 will be guaranteed a camp t-shirt***		
<b>Parent/Guardian Name</b>		<b>Phone 1</b>	
<b>Address</b>		<b>Phone 2</b>	
<b>City</b>		<b>Email</b>	
<b>Emergency Contact</b>		<b>Phone</b>	

**Health Concerns/Pre-existing medical conditions:**

**Sign and date below after reading.**

I hereby register my child in the PSHS Girls Basketball Pre-Season Camp 2017. I understand the participant is required to have their own accident coverage to participate in the camp and realize there is a risk of being injured that is inherent in all sports and activities. I certify that I understand the need for insurance coverage, the inherent risks in participation and give my consent in advance for medical treatment. The undersigned agrees to hold harmless and indemnify Plainfield School District 202, their officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the camp.

Parent/Guardian signature:

Date: