

# PHOENIX BASKETBALL LADY FIREBIRDS

## Girls Basketball Skills & Development Camps



PRESENTED BY THE PHOENIX GIRLS BBALL STAFF

**SHOW YOUR FIRE!**

### CAMP #1

**Monday, June 25 – Thursday, June 28**

- Session 1: 9am – 12pm
- Session 2: 1pm-4pm
- Grades K-8 (2018-19 school year)

Our camps are designed to provide student-athletes with an opportunity to develop their basketball skills in a fun-filled environment.

### CAMP #2

**Monday, July 9 – Thursday, July 12**

- Session 1: 9am – 12pm
- Session 2: 1pm-4pm
- Grades K-8 (2018-19 school year)

We work on all the fundamentals to make you a better player, including defense, rebounding, dribbling, passing, and shooting.

### CAMP DETAILS

- \$50 (\$60 non-Phoenix district students) for one session (am or pm for the week); \$75 (\$90) for both (full day all week). \$140 (\$170) for both sessions, both camps
- Held at Emerson J. Dillon (EJD) MS
- All campers receive t-shirt.
- Bring snacks or \$ for concessions. Bring lunch if staying both sessions.

MAKE CHECK OUT TO  
'PHOENIX FIREBIRD SPORTS BOOSTER CLUB'

Mail Check & Registration Form to:

Phoenix Camps c/o Ben Kochan  
603 DeWitt St., Syracuse, NY 13203

**WALKS-INS ARE  
ACCEPTED**

For questions text/call Coach Ben  
Kochan at (315) 559-7908

**REGISTRATION FORM**

Player Info

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ Grade in Sept 2018 \_\_\_\_\_ School \_\_\_\_\_

&lt; T-Shirt Size (circle): YS YM YL S M L XL &gt;

**CHECK OFF THE WEEK(S) YOU WILL BE ATTENDING**

Place an 'X' next to the date(s) your daughter will be attending	DATE	SESSION	AMOUNT
	June 25 – June 28	#1 (9am-12pm)	
	June 25– June 28	#2 (1pm-4pm)	
	July 9– July 12	#1 (9am-12pm)	
	July 9 – July 12	#2 (1pm-4pm)	
<b>Total Amount (EX: \$50 for one session at one camp; \$75 for both sessions at one camp; \$140 for both sessions at both camps):</b>			

**MAKE CHECKS PAYABLE TO: PHOENIX FIREBIRD SPORTS BOOSTER CLUB; memo: Girls Bball**

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Player's Medical Condition(s) \_\_\_\_\_ Medicine(s) Player May Have at Clinic \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I realize that participation by my child in any athletic activity involves risk of injury. I hereby agree to waive any claim against Phoenix Basketball and any of its directors or employees for any injuries suffered by my child during this clinic. My child has permission to participate in the Basketball Clinic at /her own risk.

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL REGISTRATION & PAYMENT TO:** Phoenix Camps c/o Ben Kochan  
603 DeWitt St., Syracuse, NY 13203

For office use:

Paid \_\_\_\_\_ Type \_\_\_\_\_ Date \_\_\_\_\_