

Dear Parent(s),

My name is Derek Sanders and I am the High School Girl's Basketball coach at Southeast High School. It is very important for our program that we work with our younger players and develop skills and interest early. This summer will be the second year of this summer camp for younger players to do just that.

My goal is to get as many kids involved as possible, regardless of playing experience. My hope is to provide a learning experience for any level of player, whether they are beginners or experienced players.

The camp will run for 4 days, June 2-5 at a cost of \$20.

The camp will be 1 session each day for 3rd - 5th graders and 1 session for 6th - 8th graders.

If you have any questions, please call Derek Sanders 620-546-4283.



What: Fundamentals clinic and 1 game day.

When: Fundamentals clinic will be the first 3 days of the clinic, followed by 1 game day

Players entering grades 3-5 will be from 8:00 – 9:45, followed by grades 6-8 from 9:45 - 11:30

Camp Dates:

Tuesday, June 2nd

Wednesday, June 3rd

Thursday, June 4th

Friday, June 5th -- Game Day

Cost: \$20 per player.

Who can come? Any boy or girl 3rd - 8th grades (for the '15 - '16 school year).

Staff: The camp will be run by the SHS coaching staff and players.

Enrollment/Sign-up: To enroll/sign up, please complete the far right section of this brochure along with cash or check to:

Southeast High School

Please return enrollment form by May 14th
– Late registration **WILL** be accepted.

Enrollment/Authorization Form:

Player: _____

Grade (for 2015-16 School Year): _____

Parent(s) Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

In case of emergency, person that should be contacted (if different from above):

Name: _____

Phone: _____

Authorization:

I hereby authorize the staff of this basketball camp to act for me in their best judgment in any emergency requiring medical attention. I further hereby waive and release the coaching staff and USD #247 from liability for any injury or illness and any potential treatment costs, incurred while participating in this camp. I have no knowledge of any physical impairment which would affect this player while participating under my care.

Signature of Parent or Guardian