

# South County High School Girls Summer Basketball Camp



## Camp Philosophy

The South County Athletic Boosters Club is proud to sponsor this highly instructional and 'hands on' Basketball Camp. A strong emphasis will be placed on individual instruction and teaching the basic fundamentals of basketball. Our camp will strive to provide a fun learning experience with the goal of helping each player develop his playing abilities, skills, and knowledge of the game of basketball.

## Camp Staff

The camp will be directed by members of the South County coaching staff, and assisted by area college and high school players. Our goal is to provide each player with a successful and enjoyable learning experience.

## Camp Sessions

SESSION 1      Ages 8-15      July 24-July 28      9:00 am to 3:00 pm

All sessions will be at South County High School, featuring 3 air-conditioned full courts in the Field House and snack bar.

## Camp Features

- Free SC Basketball Camp T-Shirt
- Individual and Team Awards
- League Play and Championship Games
- Age & Skill Appropriate Divisions
- Daily Skill Development by SC Coaching Staff & Players

Mail Registration to:  
South County Girls Basketball Camp  
South County High School  
Attn: Girls Basketball  
8501 Silverbrook Road  
Lorton, VA 22079

For Camp information, contact:  
Coach Patrick Noel (Camp Director)  
Phone: 518-605-2443  
Email: Patrick.Noel@fcps.edu

**\*\*Online Registration is now available!!  
Register at <http://www.stallioncamps.com>\*\***

## Camp Fees

\$175 per Session – Please make check payable to the South County Athletic Boosters or "SCHSABC"

## Camp Attire

**Basketball shoes, shorts or sweats, jersey or tee shirt. Bring lunch or lunch money. DO NOT bring your own basketball – we'll have plenty!**

Detach here and send with payment

### GIRLS REGISTRATION FORM      SESSION 1 July 24-July 28

I hereby authorize the staff at South County Basketball Camp to use their best judgment in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities. I assume all risks associated with participating in the program, including, but not limited to: falls, contact with other players, and the effects of weather. I also fully understand that South County Basketball Camp does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child, he/she releases the Camp, sponsor, counselors, and directors from any and all liability. Below, please list any allergies, special conditions, or special needs.

PLEASE PRINT:

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Rising Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ ZIP \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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