

# 2017 Lady Wildcat Basketball Camp

Bringing over 30 years of coaching experience and 2 YAIAA Championships as head coach at Dallastown, Coach Jay Rexroth and his staff will instruct campers on shooting, ball handling, passing, defense, foul shooting, and rebounding. Instruction will be coupled with enjoyment in an attempt to motivate our campers so that they will continue to play a great deal of basketball. **Present skill level is not important.** Students will be placed as closely as possible into groups where their learning potential will be maximized.

## 3<sup>rd</sup> through 9<sup>th</sup> Grade Camp

**\*\*Camp will be divided into 3 groups for competitions (3<sup>rd</sup> and 4<sup>th</sup>) (5<sup>th</sup> and 6<sup>th</sup>) (7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>)**

**Who:** PRESENT 3rd through 9th grade girls

**When:** June 12 - 15, 2017

**Time:** 12:00pm to 4:00pm

**Where:** [Dallastown High School Gym](#)

**Cost:** \$100.00 if paid before May 15, 2017

\$105.00 if paid after May 15, 2017

Includes: A free basketball, 2017 Camp T-shirt, and awards

## 1<sup>st</sup> and 2<sup>nd</sup> Grade Camp

**Who:** PRESENT 1<sup>st</sup> and 2<sup>nd</sup> grade girls

**When:** June 12 - 15, 2017

**Time:** 8:30am to 10:00am

**Where:** **Ore Valley Elementary Gym**

**Cost:** \$70.00 if paid before May 15, 2017

\$75.00 if paid after May 15, 2017

Includes: 2017 Camp T-shirt

Students should wear T-shirts, shorts, socks and sneakers.

We must be informed about any special physical needs our campers may have.

If a student must leave for any reason, she must present a note from her parent or guardian, or the parent or guardian should personally pick up the student.

**\*Payment in full is required with your completed application.**

**Please make all checks payable to:**

**"Lady Wildcat Basketball Camp"**

Note: A \$15.00 Administrative fee will be deducted on all refunds.

**Please send application and payment to:**

Mr. Jay Rexroth  
Dallastown Area High School  
700 New School Lane  
Dallastown, PA 17313

**For additional information**

Jay Rexroth, 244-4022 Ext.3268  
[jay.rexroth@dallastown.net](mailto:jay.rexroth@dallastown.net)

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## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School you attend: (circle one) High School Middle School

York Township Ore Valley Leader Heights

Loganville Dallastown Other

Present Grade \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Family Doctor/Phone \_\_\_\_\_

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

Telephone number where Parent/Guardian can be reached **DURING** camp hours \_\_\_\_\_

In case of an emergency and in the event that I cannot be reached, I give permission to have my child taken to our family doctor, the listed hospital, or the nearest available doctor (in case the doctor listed cannot be reached). I also agree to assume the payment of costs in the event that such an emergency does occur.

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

**T-shirt size: not exchangeable**

Youth Large \_\_\_\_\_ Adult Large \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult X-Large \_\_\_\_\_

Adult Medium \_\_\_\_\_