

Camp Information

- Campers will receive top quality instruction from head coach Jeff Dow, assistant coach Devon Rhoads, along with the AU players.
- AU players will work with all campers to teach them skill work as well as provide demonstrations as needed.
- Our focus is to present detailed instruction along with on court application of shooting, offensive moves, footwork, passing fundamentals, and defensive skills.
- Campers will learn the same fundamentals and skills that we teach our university basketball players.
- Campers will learn how much FUN playing basketball can be when they learn the fundamentals properly!
- Every camper will receive an Anderson University Basketball Camp T-Shirt.



WOMEN'S BASKETBALL
C/O Devon Rhoads
316 Boulevard, Box 1002
Anderson, Sc 29621



Women's Basketball Camp 2008

Monday, June 9
through
Thursday, June 12

Ages: 6-11
9:00 am - 12 noon

Ages: 12 to rising senior
1:00 - 4:00 pm

COST: \$90⁰⁰



WOMEN'S BASKETBALL OFFICE
TELEPHONE: 864-231-2011
drhoads@andersonuniversity.edu

REGISTRATION FORM

Fax: 864-231-5601

Camper's Name _____ Grade Next Fall _____
School _____ Parents Name _____
SS# _____ Age _____ Date of Birth _____ Parent's Cell Phone _____
Address _____
City, State, Zip _____
Home Phone _____ Work Phone _____ Parent Email _____
Insurance Company _____
Policy # _____ Group # _____

PLEASE CHECK THE SESSION YOUR DAUGHTER WILL ATTEND:

June 9th - June 12th 9:00 to 12:00 Noon 1:00 to 4:00 P.M.

Cost: \$90.00 Amount Enclosed: _____

ADULT Shirt Size: S M L XL YOUTH Shirt Size: S M L XL

A non-refundable deposit of 50% of the total cost in the form of a check or money order
(do not send cash through the mail). Make your check or money order payable to:
Anderson University Women's Basketball Camp, 316 Boulevard; Box 1002, Anderson, SC 29621

Father's Business Phone _____ Mother's Business Phone _____

Date of most recent tetanus immunization _____

FAMILY PHYSICIAN:

Dr. _____ Phone _____

The following consent should be signed by the parent/guardian. The law requires that parent permission be obtained for operative procedures on minors. We need this form completed so we may perform such procedures without any unnecessary delays. However, no operation will be performed without the parents being contacted and fully informed.

I also understand that the AU Basketball Camp is not responsible for a pre-existing or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day of camp, and the AU Basketball Camp will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervision.

Printed Full Name of Parent/Guardian _____

Signature of Parent/Guardian _____