



# North Paulding Lady Wolfpack Summer Basketball Camp

Sign up and Register  
Now!

## Fundamental Skills Camp

June 17<sup>th</sup> through  
June 20<sup>th</sup>

9 am to 1 pm p.m.

Walk up Registration Cost  
\$130 per child

## Lady Wolfpack Basketball Summer Skills Camp

### Basketball Fundamentals

- Offensive Fundamentals
- Defensive Fundamentals
- Offensive and Defensive Footwork
- Rebounding
- 5 on 5 team spacing and movement
- Shooting fundamentals
- Camp Includes T-shirt

When? June 17<sup>th</sup>- June 20<sup>th</sup>

What time? 9 am to 1 pm

Who? Upcoming Grades 1-8

How much? \$130 per camper or \$40 per day

Lunch break each day at 11:00 a.m. –  
Pizza, Drinks and snacks sold

Awards Ceremony on Thursday June 20<sup>th</sup>  
at 12:30 p.m. All parents invited!



Register and pay  
before May 31<sup>st</sup>  
and receive \$20  
off your  
registration price!

Pre  
paid/Registered  
Cost is \$110



**Camp Registration Form**  
**Mail In**

Check here \_\_\_\_\_ ***Lady Wolfpack Basketball Summer Skills Camp June 17<sup>th</sup>- June 20<sup>th</sup>***

Pre registered Cost \$110( \$40 per day for daily rate) Register on day of camp is \$130

Mail Checks to        Attn: Coach Green  
                                 300 North Paulding Drive  
                                 Dallas GA 30132

Checks made out to NPBP GC (North Paulding Basketball Point Guard Club)

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

Age: \_\_\_\_\_      DOB: \_\_\_\_\_

Grade (2019-2020) school year): \_\_\_\_\_

School 2019-2020 \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I permit NPBP GC to use video footage and photographs of my child for publicity that might include but is not limited to: website, flyers or news publications. Initial \_\_\_\_\_

**Shirt sizes**

Circle one:      Youth                  Adult  
Circle one:    S    M    L    XL    2XL

**Payment Total:** \_\_\_\_\_

**\*Insurance Information**

Name on Policy: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Waiver:** The above participant is in good health and has my permission to participate in this camp. In case of emergency, I hereby give permission for my child to be given emergency medical treatment by on-site medical professionals, a local doctor, Hospital, or dentist and hereby waive and release said camp from any and all liability from injuries incurred while attending camp and payment of said services are the total responsibility of the parent.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_