

2020 Blue Devil Girls' Basketball Day Camp

June 29- July2 @ Mt. Lebo High School Gym



Grades 3 thru 5 (as of Sept 2020): 9:00am to Noon

Grades 6 thru 8 (as of Sept 2020): 1:00pm to 4:00pm

"2012 WPIAL Champs!"

2009-2010-2011 Three Time STATE CHAMPS

Dori Oldaker - Varsity Coach & USA BASKETBALL COACH

Mt. Lebanon Assistant Coaches /Current Mt. Lebanon Varsity Players

CAMP FEATURES!!!!!!!!!!!!

Camp T-shirt

Team Contests

Prizes/Awards

Individual Contests

*Individual and Small Group Instruction in: Lay ups - Shooting -

Ball Handling - Dribbling - Passing - Defense - 1 on 1 Moves

Boxing Out - Guard Play - Post Play

SKILLS<DRILLS>THRILLS

CAMP OBJECTIVES

- To teach and develop skills and fundamentals
- To provide competition that will enable each girl to apply learned skills and techniques
- To develop each girl's enthusiasm about the game of basketball
- To help develop each girl's attitude and philosophy of both basketball and life

COST: \$100 per camper

Payment is due by **Thursday June 25th**. Walk-ins are welcome, but an additional late fee (\$15.00) will be charged.

QUESTIONS? QUESTIONS? QUESTIONS?

Direct questions to **DORI OLDAKER** at **(412) 319-7637. Cell # (724) 462-6248**

APPLICATION FOR ENROLLMENT AND PARENTAL RELEASE

Grade (Sept 2020) _____ Name _____ Phone _____

Cell # or Emergency Contact # _____

Address: _____ City _____ State: _____ Zip _____

E-mail address _____

Elementary or Middle School Name _____

To the Blue Devil Girls Basketball Day Camp: In the event of an emergency at camp, I give you permission to act on my behalf, if you are unable to contact me. I hereby request that you accept the application of my daughter in the 2020 Blue Devil Girls Basketball Day Camp during the dates set forth in this brochure. In consideration of your acceptance of this application, I hereby release the Mt. Lebanon School District, its employees, and camp affiliates from any and all claims on account of injuries sustained by my daughter while in attendance and I agree to forever indemnify the Mt. Lebanon School District, its employees, and camp affiliates for any claim which may hereafter be presented by me or my daughter as a result of such injuries.

Parent signature: _____ Date _____

Make Checks Payable To: Blue Devil Club

Mail to: **Dori Oldaker**
5403 Forest Edge Dr.
McDonald, PA 15057