Dear Parents, Guardians & Players:

Thank you for attending DCHS Future Panther Shooting Camp.

The following skills will be discussed and taught in this camp:

Shooting fundamentals, free throw shooting, three point shooting, lane shots, ball-handling, quickness, footwork, shooting with and without the dribble as well as the mental aspects of being a great shooter.

All players will receive a Camp T-shirt for their participation if the registration form is mailed to DCHS by June 14th.

Registration Fee: $40.00
Site: Daviess County High School Gym
Camp Dates: July 9th – 10th, 2024
Time: 1:00 pm to 3:00 pm
Grades: 4th – 8th (boys & girls)

We are anticipating a great week of instruction. Your child will gain many valuable experiences through the wonderful game of **BASKETBALL**.

Sincerely,

Neil Hayden
Camp Director/Head Boys Basketball Coach
Daviess County High School
neil.hayden@daviess.kyschools.us

DAVIESS COUNTY HIGH SCHOOL SHOOTING CAMP APPLICATION 2024

Please Print

Player's Name: _____ School: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other Phone #: _____

Age: _____ 2024-25 Grade: _____

In Case of Emergency Notify: Name: _____ Phone #: _____

T-SHIRT SIZE: (CHECK ONE)

ADULT   SMALL: _____   MED: _____   LARGE: _____   X-LARGE: ____   XX-LARGE: _____

YOUTH   SMALL: _____   MED: _____   LARGE: _____

REGISTRATION CAMP COST: $40.00

MAKE CHECK PAYABLE TO: Daviess County High School

MAIL/BRING PAYMENT AND APPLICATION TO: DAVIESS HIGH SCHOOL
                                                C/O COACH NEIL HAYDEN
                                                4255 NEW HARTFORD ROAD
                                                OWENSBORO, KY 42303

CAMP LOCATION: DAVIESS COUNTY HIGH SCHOOL GYM

I, the undersigned parent / guardian, understand that the applicant will be engaging in physical activity during the camp. This contains an inherent risk of physical injury and the undersigned assumes this risk. I release the Daviess County Basketball Camp, its directors, and instructors from any and all liability for personal injury arising out of the applicant's participation in the basketball camp. I hereby grant permission for my child to attend the Daviess County Basketball Camp and to receive treatment by a licensed physician or camp director/instructor in the event of any injury, accident, illness or other mishap.

_____
PARENT / GUARDIAN SIGNATURE   DATE