



Camp Fees

(Camp fees are 100% refundable until May 19th; after May 19th you are allowed only 50% refund if your child does not attend. - Fees cover the cost of staff, shirts and snacks)

\$90









What to Bring

Proper Gym Shoes
Water Bottle

Camp Size

NOTE: Camps will be limited to 50 players.

Camp Includes

-  Everyday there will be daily devotions by the coaches.
-  A realization that basketball is a part of life, not all of life.
-  A Camp T-shirt.
-  Fundamental instruction from coaches in a successful program.
-  Clinic sessions along with small group instruction.
-  Individual and team competitions.
-  Mid-morning snack and drink.
-  Age-appropriate games in a Round-Robin

DESERT CHRISTIAN BASKETBALL CAMP PRIMARY INSTRUCTORS

Supervision

Campers will be supervised at all times
*All of our adult coaches are First Aid and CPR certified.

Richard Peddy, Desert Christian High School Girls Varsity Head Coach and Middle School Girls Basketball Coach.

Fred Boice, Desert Christian High School Girls Varsity Basketball Assistant Coach and Middle School Boys Basketball Coach.

Alexa Arndt, former high school and college player and Desert Christian Girls Varsity Basketball Assistant Coach.

Angie Espenson, Desert Christian High School Girls JV Head Coach and Middle School Girls Basketball Coach.

Former and current High School students will also be assisting the coaches during the camps.

Why Desert Christian Basketball Camp?

Desert Christian Basketball Camps are conducted by successful and experienced coaches. Our goal is to have each participant further realize their God-given ability as a player and increase their enjoyment of this great sport in a **fun**, positive, **Christian** environment.

LOCATION FOR CAMPS:
7525 E. SPEEDWAY

DC 2019 EAGLES BASKETBALL CAMP



"To God be the Glory"

**Girls Basketball Camp
June 3-7
For Girls Entering
Grades 6-12
8:00 AM – 12:00 PM**

Camp Information

School Office 520-885-4800
or 520-982-2693
aespenson@desertchristian.org

Basketball Camp Registration Form

OFFICE USE ONLY!
Received: _____ Complete _____

I am registering for Girls' Basketball Camp (6th—12 grade)

Last Name _____ First Name _____ Parent/Guardian Name(s) _____

Address _____ Email Address _____

Home Phone _____ Current School _____

Father's Work Phone (or cell) _____ Mother's Work Phone (or cell) _____

Age _____ **GRADE NEXT FALL** _____ School Next Fall _____

*T-shirt size—Adult: S M L XL *Please
*T-shirt size—Youth: S M L Circle Size!

Please Mail Registration Form and Fee to:

Desert Christian Schools – Eagles Basketball Camp
9415 E. Wrightstown Rd. Tucson, AZ 85715

Register early to receive your choice of shirt size. Registration received after May 24, 2019 may not receive a T-shirt, or may not receive their desired size.

NOTE: Make checks payable to Desert Christian Schools and designate “Girls Basketball Camp” on the memo line.

MEDICAL RELEASE APPROVAL

Family Physician _____ Office Phone # _____

Insurance Company _____ Policy/Group # _____ Preferred Hospital _____

Emergency Contact _____ Phone # _____

Special Medical Conditions or allergies _____

As part of the educational and community building experience, Eagles Basketball Camp offers its participants the opportunity to join in a variety of activities. In order for a participant to take part in these activities, Eagles Basketball Camp asks that parents understand the nature of the activity, approve the child's participation, acknowledge that all activities may present some chance of injury to the child, and agree that Eagles Basketball Camp is not responsible for injuries that are an inherent risk of the specific activity (i.e. injury can result from the collision of players in a contact sport).

In case of injury or sudden illness, I hereby give camp instructors authority to take my child to a hospital or licensed physician to render immediate aid as might be required at the time for his/her health and/or safety. I understand that any medical expenses are my responsibility.

Signature _____ Date _____