



Fox Chapel High School

2018 Girls Basketball Camp

Varsity Head Coach – Jenn O’Shea

(follow us on Twitter - @fcgirlshoops)



Session 1: Monday, June 18 – Thursday, June 21st

9 – 12 pm

Session 2: Monday, July 16 – Thursday, July 19th

9 – 12 pm

(Players may be dropped off at 8:30 am)

Camp Features

- Personal Instruction from an experienced and enthusiastic staff
- Help develop a positive attitude towards the sport of basketball
- Have fun and learn while teaching the value of teamwork
- Special focus on fundamentals that are age appropriate
- Camp T-Shirt
- Team and individual competitions
- Opportunity to learn drills and tips to improve game on your own

Camp Information

Who: Girls entering grades 1 – 8 in the Fall of 2018 (2 Divisions: 1 – 4 5 – 8)

Location: Fox Chapel High School Gymnasium

Cost: \$ 100 (\$ 175 for both sessions) - You may pay via PayPal

jenniferoshea1522@gmail.com

(T shirt will be given during 1st session for players who sign up for both)

What to bring...

- A basketball (size you can handle)
- A light snack (especially the younger players)
- Water

For more information, contact Jenn O’Shea at jenniferoshea1522@gmail.com or 412-303-5757

Camper Name _____ **Grade (Fall 2018)** _____

Division (Grades) 1 - 4 5 - 8 (circle division your child prefers to be placed in)

Session 1 2 BOTH **Address:** _____

School _____ **Phone** _____

Parent Email _____

T-Shirt Size (Circle ONE) Adult: XL L M S **Youth:** L M S

I hereby approve of my daughter’s attendance and participation in the Fox Chapel Girls Basketball Camp. I certify that she is in good health and able to participate in all activities. If you are unable to reach me, I authorize the directors to act on my behalf according to their best judgment in any emergency requiring medical attention for which service I will pay. I hereby waive and forever release Fox Chapel School District, its officers and the clinic staff from all liability for any injuries or illnesses incurred while at the clinic. Please attach a note explaining any physical limitations, medical conditions, and or required medication.

Parent/Guardian Signature _____

****Please complete and mail the bottom portion of this sheet along with money/check made payable to:***

**Jennifer O’Shea
226 Crosswind Court
Coraopolis, PA 15108**