



Boys Wildcat Basketball Camp

June 14-17, 2021

- Learn & work on basketball fundamentals
- Have fun with friends
- Interact with the High School players
- Great Speakers
- Play Games & Win Prizes
- Be a part of the Dallastown Basketball Family!



K- 2 grade- \$80 (\$85 after May 15th)

8:30—10:30 am at Ore Valley Elementary

*** Includes camp shirt, ball & prizes
** Grade represents year just completed**



3rd—9th grade-\$110 (\$115 after May 15th)

Noon—4pm at High School Gym

*** Includes camp shirt, ball and awards
** Grade represents year just completed**

Bringing over 15 years of coaching experience and 100 career wins, Coach Michael Grassel, his staff and players will instruct campers on passing, defense, foul shooting, ball handling, and rebounding. Instruction will be coupled with enjoyment in an attempt to motivate our campers so that they will continue to play a great deal of basketball. Present skill level is not important. Students will be placed as closely as possible into groups where their learning potential will be maximized. Students should wear T-shirts, shorts, socks and sneakers. We must be informed about any special physical needs our campers may have. If a student must leave for any reason, he must present a note from his parent or guardian, or the parent or guardian should personally pick up the student. We will follow updated PA Dept of Health Guidelines in regards to masking, social distancing, etc.

Make checks payable to Wildcat Basketball Camp

**Mail to: Michael Grassel
Dallastown Area High School
700 New School Lane
Dallastown, PA 17313**

Name _____

Address _____

School you attend: (circle one)

High School Middle School Other
York Township Ore Valley Leader Heights
Loganville Dallastown Intermediate

Present Grade _____ Home Phone _____

Hospital Preference _____

Family Doctor/Phone _____

Parent/Guardian Name _____

Telephone number where Parent/Guardian can be reached DURING camp hours _____

In case of an emergency and in the event that I cannot be reached, I give permission to have my child taken to our family doctor, the listed hospital, or the nearest available doctor (in case the doctor listed cannot be reached). I also agree to assume the payment of costs in the event that such an emergency does occur.

Parent/Guardian _____

T-shirt size: not exchangeable

Youth Small _____
Youth Medium _____ Adult Medium _____
Youth Large _____ Adult Large _____
Adult Small _____ Adult X-Large _____

E-mail Address _____