

2019 Blue Devil Girls' Basketball Day Camp

June 24-27 @ Mt. Lebo High School Gym



Grades 3 thru 5 (as of Sept 2019): 9:00am to Noon
Grades 6 thru 8 (as of Sept 2019): 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**

SKILLS<DRILLS>THRILLS

Boxing Out - Guard

Play - Post Play

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 20th**. 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 2019) _____ 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 2019 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