

**2019 North Scott Girls Basketball Camps**  
**Lady Lancers Youth Camp**

Players will focus on basic fundamentals (ball handling, shooting, passing and rebounding). Meet the coaching staff and players. Participate in daily contests & games. Lots of FUN & Awards!

**Dates/Times:** June 17th (Mon) -June 20th (Thurs) from 8-10AM 3<sup>rd</sup>-5<sup>th</sup> / 6<sup>th</sup>-8<sup>th</sup> 11-2PM  
**Location:** NS Athletic Facility, HS LAB  
**Cost:** \$60 per player who are Jr. Lady Lancers & incoming NS 3rd grds.(includes shirt)  
\$70 per non - Jr. Lady Lancer or any player outside district (includes shirt)  
**Grade:** Incoming 3rd thru 8th grade girls

**High School Girls Team Improvement Camp**

Players will focus on improving their basketball knowledge and skills. They will learn the Lancers offensive and defensive system. (Girls who intend on playing the 2019-20 season with the Lady Lancers are highly encouraged to attend this improvement camp!)

**Dates/Times:** June 11<sup>th</sup> thru Aug.1st on Tuesday, Thursday mornings 10-12AM  
**Location:** High School gyms  
**Cost:** \$70.00 per player (includes shirt)  
**Grade:** Incoming 9th thru 12th grade girls

**Questions Contact:** Coach TJ Case (563) 370-5119 or nsladylancers@gmail.com  
**Mail application & payment to:** Coach Case at 813 Sawgrass Ct. Eldridge, IA 52748  
*Please include check payable to: NS Athletic Boosters/Girls Basketball*

----- Application Must Be Received By June 1st -----

(check one) \_\_\_\_\_ **Youth Camp** \_\_\_\_\_ **HS Team Improvement Camp**

Shirt Size (if registered by June 1st): YS YM YL AS AM AL AXL

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(2019-20): \_\_\_\_\_  
Address: \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Cell \_\_\_\_\_  
#: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_  
#: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Family Doctor \_\_\_\_\_  
#: \_\_\_\_\_

**\*\*Medical Waiver:** I/We parent(s)/guardian(s) of the above student understand that the participation in any North Scott Sports Basketball Camp could result in injury of temporary or permanent type to my/our child. By signing, I/We consent for coaches, trainers and team physicians to use their judgement in securing medical aid and ambulance services in the case a parent/guardian cannot be reached. I/We also verify that my/our child is covered by health and accident insurance.\*\*

\_\_\_\_\_  
Parent/Guardian Signatures Date

