

2018 Alexander Basketball Camp



Cougar Camp Dates:

Fundamental Camp

June 5th-7th

Tuesday-Thursday 9:00 a.m. – 3:00 p.m.

Boys and Girls Ages: 1st – 8th

Alexander High School Gymnasium

Douglasville, Georgia

Alexander High School
6500 Alexander Pkwy
Douglasville, GA 30135

Name _____ Grade _____ Age _____ Male Female (Please Circle)

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian _____

T-SHIRT SIZE (PLEASE CIRCLE): YM YL AS AM AL AXL

Mail to: Jason Slate, Boys Basketball Head Coach Fundamental Camp June 5th-7th

6500 Alexander Pkwy, Douglasville, GA 30135 Cost: \$125

Make check payable to: AHS-Basketball Booster Club

For more info call Coach Slate at: (770) 651-6181 or (404)-281-9296

CAMP STAFF

Camp Directors - *Coach Slate, Coach Dallas*

Assistant Coaches:

Derrick Hairston, Jerlisa Taylor

Adrian Summerour, Jessica Ellison

Terry Bowen, Greg Martin

Camp Goals

Goal #1: Provide instruction in the fundamental skills of basketball through the use of drills, competitions and games. This will help to lay the foundation for any young player who chooses to become the best basketball player he/she is capable of becoming.

Goal #2: Teach the important life skills of goal setting and maintaining a positive mental attitude. We believe these to be essential skills that help them have a rewarding experience as a Cougar.

Goal #3: The Importance of "Team"

A Typical Camp Day

9 a.m. Camp meeting (attendance, announcements)

9:15 a.m. Stretch

9:30 a.m. Station drills and instruction sessions

11 a.m. Morning games

12:15 p.m. Lunch

1:15 p.m. Shoot for prizes

2 p.m. Competition and fun games (Hot Shot, 3-on-3)

2:30 p.m. Skill development

3 p.m. Dismissal

Cost per camper: \$125

Register online @ alxbasketball.com

ALL CAMPERS RECEIVE A COUGAR T-SHIRT

Gatorade, Water & snacks will be on sale.

Bring your own lunch

Please have camper eat a healthy breakfast

All Campers need to bring proper athletic gear

I understand that each camper is responsible for all medical bills incurred while at camp. I also hereby authorize the directors of the camp or anyone they designate to act for me to the best of their judgment in an emergency requiring medical attention, and give permission to any health care provider to render such treatment. I also relieve all directors and staff members of any and all liability resulting from my child's participation in the camp.

Signature of Parent/Guardian:

Date: