Armstrong Atlantic State University

2001
Lady Pirate
Basketball Camps

Women's Basketball Camps
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, GA 31419
## Basketball Camp Information

<table>
<thead>
<tr>
<th>Individual Camp</th>
<th>June 18 - 20</th>
<th>$75 / camper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Camp - Session I</td>
<td>June 21 - 23</td>
<td>$500 / team</td>
</tr>
<tr>
<td>Team Camp - Session II</td>
<td>June 28 - 30</td>
<td>$500 / team</td>
</tr>
<tr>
<td>Team Camp - Shootout</td>
<td>Saturday, July 21</td>
<td>$100 / team</td>
</tr>
</tbody>
</table>

### Individual Camp
Individual day camp, for players ages 8-17, will run from 8:30 am to 5pm. Students of the game will be instructed in the fundamentals of ball handling, shooting, passing, rebounding, and defense from the Lady Pirate coaching staff as well as current and former AASU players. Sessions will also include team play to practice learned fundamentals and gain valuable playing experience. Concessions will be open for snacks and lunch or campers may purchase a meal card to eat in the cafeteria.

### Team Camps
Each team will play 3 games per day as well as participating in both an overtime and camp championship tournament. Games will be played in two air conditioned gymnasiums. Food and lodging will be provided for an additional fee of $60 per camper for those teams staying overnight. Accommodations will be at the Days Inn, 3 miles down the road. A $200 deposit for sessions I and II is due by June 10th. The Shootout will be one full day of games, determined by the number of teams participating.

## Registration

### Lady Pirate Basketball Camps
**Summer 2001 – Due June 8th**
(*Complete one registration for each participant*)

Circle Camp(s): Individual, June 18-20, $75
Team Camp Shootout, July 28, $100
Team Camp Session I, June 21-23, $500
Team Camp Session II, June 28-30, $500

Total Fee Enclosed: $______

Refunds made only in case of illness supported by physician’s written statement.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
</table>

Address (city, state, zip)______________________________

Name of Parent or Guardian______________________________

Daytime Phone (_____) Home Phone (_____) Emergency Phone (_____) Soc Sec # (_____) School (_____) Work Phone (_____) Coach (_____)

### SUMMER CAMP WAIVER

Being the legal parent/guardian of (please print)______________________________, I do hereby give the right and power to Armstrong Atlantic State University to authorize medical treatment while my child is a participant of the AASU Summer Camp Program. I agree to hold Armstrong Atlantic State University and its employees harmless and to waive the right to bring legal action against the University and its employees. I hereby appoint Armstrong Atlantic State University as my Agent for the purpose of obtaining medical treatment in the event of injury. I agree to be responsible for all medical expenses incurred in connection therewith.

In the event that Armstrong incurs expenses for medical treatment, I agree to reimburse the University in full.

Parent/guardian signature____________________ Date____

If you have any questions, please call Head Coach Roger Hodge at (912) 921-5861 or assistant coach Andy Bloodworth at (912) 921-5862.

To register, please complete and mail the registration form and camp waiver to Coach Bloodworth at Armstrong Atlantic State University 11935 Abercorn St., Savannah, GA 31419.