



Registration

This camp is designed to give campers a competitive opportunity to develop the fundamental skills of basketball. The camp will teach the camper the basics such as dribbling, shooting, passing and footwork. The camp will also teach basic offensive and defensive situations, reading and reacting, with the importance of teamwork. The camp will be instructed by Coach of the year girl's Basketball Coach Ray S. Daly and assisted by other Coaching staff of the 2024 District Champions Lady Trojans.

Week Sessions Costs: \$125 per camper, additional \$20 for early drop off and \$20 for late pick up.

Camp Dates: June 3rd- 6th and June 24th- 27th

Camp Time: 8 am- 12 pm

Early drop off: 7:30 am. **Late pick up:** 12:30 to 1:30 pm

Daily Practice

Dribbling, Footwork, Passing, Shooting, Basketball Stations, Team Read and Reaction and League Play

Camp Instructors

Women's Basketball Coach

Ray S. Daly Sr.

Assistant Coach

Bobby Godfrey

Mya Willard

Camp Information

Camp Facilities- Up to six baskets can be used in the Lincoln High gymnasium. There will be locker room availability (first come first serve).

Equipment- Basketballs will be provided by Lincoln High School Staff. Campers can bring their own towels, locks and water bottles to the camp.

Enrollment- Individuals should complete the enclosed application with the waiver and release agreement and return it as soon as possible along with camp deposit/full payment to reserve their space.

Camp T- shirt- Each camper will be given a camp T- shirt at the end of each camp session.

Medical Insurance- All campers will be required to have a signed waiver and release agreement below.

Waiver and Release Agreement

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Lincoln High School and its employees on account of any injuries or illnesses sustained by my child while attending camp. I authorize the director of the basketball camp or his designee to select hospital facilities and/ or physicians of his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in the Lincoln High basketball camp.

Parent/ Guardian_____

Date_____

Policy Owner:_____

Insurance CO: _____

Policy Number:_____



APPLICATION FORM

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Age: _____ D.O.B _____

School: _____

Basketball Program: _____

Contact in case of emergency:

Name: _____

Phone: _____

Medical issues: _____



Camp Information

TOTAL amount enclosed \$ _____

T- Shirt: S M L XL 2XL indicate by circling

Money Orders and Checks Only Payable to:

Lincoln High Basketball Camp

Mail To:

Men's Basketball Program
3838 Trojan Trail
Tallahassee, FL 32311

For more information, contact Coach Ray Daly at Lincoln High
Work: 850-487-2110 ext 1305
Cell: 850-459-6832