



Maverick Basketball Camp



**Sponsored By:
Mauldin High School Basketball Program**

For: Children ages 6 – 13

When: Monday, June 13th – Thursday, June 16th
9:00 am to 12:00 pm
(no drop-offs before 8:30am)

Where: Mauldin High School Gym

Cost:\$60.00 (1 child)
\$110.00 (2 siblings)
\$160.00 (3 siblings)

MAVS Basketball Camp is intended to enhance confidence and basketball mechanics for all campers ages 6-13 years old. Each day, the campers will experience various stations, specializing in fundamental skills, sportsmanship, and the team concept of basketball. Groups will be small to assure that each camper gets maximum personalized instruction. Individual skill development will include ball handling and dribbling, defense, individual and team, passing, shooting, agility and rebounding. All campers will experience the importance of dedication, teamwork and fair play.

**Make checks payable to Mauldin High School and send
with the attached registration form to:**

**701 E. Butler Road, Mauldin, SC
Attention: Saylor Fox**

(Your cancelled check is your receipt)

Pre- Registration Form
Mauldin High School Basketball Camp
Monday, June 13th - Thursday, June 16th, 2016

Child's Name: _____
Age: _____ Date of Birth _____ Grade Just Completed: _____
Address: _____

Home Phone _____
Parent's work: _____ Parent's cell _____
Parent's E-Mail _____

T-Shirts are included in the camp registration fee. Please circle the size needed below:

Youth Small Youth Medium Youth Large Adult Small
Adult Medium Adult Large

Please complete the information needed below:

Registration fee: \$60.00 per child

Make all checks payable to Mauldin High School and mail with this completed registration form by June 10th to:

**Saylor Fox
1031 Summit Drive
Greenville, SC 29609**

I agree that the Mauldin Basketball Team, Mauldin High School and/or School District of Greenville County will not be responsible for any injuries incurred as a result of participation during camp. I hereby grant my permission for first aid or EMS to administer immediate treatment to my child should he/she be injured or become ill during the camp on the dates of June 13th -June 16th, 2016. My child is covered under a medical plan.

Parent Signature _____
Doctor's Name _____
Phone # _____
Insurance Company _____
Policy # _____
Allergies or Special Medication _____