

THE DARRELL "FLASH" ARMSTRONG & JULIUS THARPE 2021 SUMMER BASKETBALL CAMPS

Typical Day at Camp:

Roll Call, Fundamentals, Skills Development, Games, Lunch,
Speaker, Fundamentals, More Games, and Competition

Special Camp Features: camp T-shirt; special awards

For Boys & Girls Ages 5 through 17

Camp Location & Times: Orlando Christian Prep, 500 S Semoran Blvd Orlando, FL 32807

June 14-18, 2021 June 21-25, 2021 June 28 – July 2, 2021

First Day Check-In: 8:00 – 8:45 a.m. **Camp Hours:** 9:00 a.m. – 4:00 p.m.

Lunch: Campers may bring their own lunch or purchase lunch at \$6.00 per day

For more information email dafpb10@gmail.com or Call (407) 252-3333

Camps Presented By:

Darrell Armstrong Foundation, Wayne Densch Charities, Orlando Christian Prep

Application for the Darrell Armstrong 2021 Summer Basketball Camps

All camps \$200.00 per week. Please make checks payable to:

Darrell Armstrong Foundation

P.O. Box 608833

Orlando, Florida 32860

Register Early! Space is limited.

Parents: Please complete this application and mail with your check. Be sure to sign form.

Campers Name _____
(Please Print)

Address _____
(Please Print)

City _____ State _____ Zip _____

Contact Person _____ Method of Payment: Check () Money Order ()
(Please Print)

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Age: _____ Sex: _____ T-shirt size: S M L XL

Email: _____
(Please Print)

Check Camp(s) Interested in Attending: Week June 14th _____ Week June 21st _____ Week June 28th _____

Allergies/Medical Conditions/Physical problems we should know about: _____

I hereby authorize the Directors of The Darrell Armstrong & Julius Tharpe Basketball Camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Darrell Armstrong and Julius Tharpe Basketball Camps, Orlando Christian Prep, The Darrell Armstrong Foundation for Premature Babies, Prestige Sports Marketing Inc. and Wayne Densch Charities, of any liability. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I hereby approve emergency treatment by the hospital and/or physician for my child (camper). I will assume financial responsibility for the bills incurred through my insurance company.

I have read the rules and regulations of the camp and both the camper and I agree to abide by them:

Camper is covered by _____ Parent's or Guardian's Signature: _____



ORLANDO
CHRISTIAN PREP



WAYNE DENSCH
CHARITIES