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**The Annual Darrell "Flash" Armstrong & Julius Tharpe
2024 Basketball and Shooting Camps**

Presented by Wayne Densch Charities & Prestige Sports Marketing and Management
Group Inc.

We would like to invite you to send twenty (20) children to each of the Darrell
Armstrong
& Julius Tharpe Basketball Camps, June 14-18, June 21-25 and June 28- July 2,
2021.Camp

Fees are being sponsored by Darrell and Wayne Densch Charities.

LOCATION UPDATE: Camp will be held this year at Orlando Christian Prep
500 S. Semoran Boulevard, Orlando, FL 32807

Children should be at camp on the Monday of each camp at
8:00 a.m. for registration.

Camp begins promptly at 9:00 a.m. and ends at 4:00 p.m. Monday thru Friday.
Children must provide their own lunch or they may purchase lunch for \$6 per day.
There
will also be snacks and beverages available for purchase .

Children should bring shoes, socks, shorts and t-shirt. No jewelry is permitted. No cell
phones in the gym. A small bag is recommend to hold personal items or lunch. Please
be
sure parents label camper's belonging

Attached is a form that needs to be completed for each child attending. Please have all
forms completed & returned one week prior to the start of each camp.

Thomas Rascoe
Executive Director
dafpb10@gmail.com
407-252-3333



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Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Height _____

Parent Name: _____

Organization _____

__ June 14-18 __ June 21-25 __ June 28- July 2

T-Shirt Size (circle one) M L XL XXL

Allergies/Medical Conditions We should be aware of

I give the camp permission to use any-related photo for camp publicity

I hereby authorize the Directors of Darrell "Flash" Armstrong & Julius Tharpe Basketball and Shooting Camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Darrell "Flash" Armstrong & Julius Tharpe Basketball and Shooting Camps & Orlando Christian Prep, The Darrell Armstrong Foundation for Premature Babies, of any liability. I am not aware of any physical or mental problems that would affect my child's ability to participate in this camp. I will assume full responsibility medical/other charges in connection with his/her attendance at camp. I hereby approve emergency treatment by hospital and/or for my child/camper. I will assume all financial responsibility for expense occurred through my insurance provider.

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

He/She is covered by _____

Parent or Guardian's Signature

Organization: _____