

THE DARRELL ARMSTRONG SUMMER BASKETBALL CAMPS 2018

Typical Day at Camp:

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

Special Camp Features: Personalized autographed picture taken with hosts of the camps;
one camp T-shirt; special awards

For Boys & Girls Ages 5 through 17

Camp Location & Times: The First Presbyterian Church, 106 East Church Street Orlando, FL
June 4-8 June 11-15 June 18-22

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 Prestige Sports Marketing at (407) 252-3333

Camps Presented By:

Prestige Sports Marketing, Inc., Wayne Densch Charities, First
Presbyterian Church

Application for the Darrell Armstrong 2018 Summer Basketball Camps

All camps \$200.00. 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 Business
Phone (): _____ Phone (): _____ Age: _____ Sex: _____ T-shirt size: S M L XL

Email: _____
(Please Print)

Check Camp(s) Interested in Attending: Week June 8 _____ Week June 11 _____ Week June 18 _____

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

I hereby authorize the Directors of The Darrell Armstrong Camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Darrell Armstrong Basketball Camps, First Presbyterian Church, 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: _____