

**THE DARRELL "FLASH" ARMSTRONG
& CHUCKY ATKINS 2010
SUMMER BASKETBALL CAMPS**

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 21-25, 2010 June 28 – July 2, 2010 July 19-23, 2010

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, Arthur Jackson Midnight Basketball**

Application for the Darrell Armstrong & Chucky Atkins 2010 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 Phone (): _____ **Business Phone ():** _____ **Age:** _____ **Sex:** _____ **T-shirt size:** S M L XL

Email: _____

(Please Print)

Check Camp(s) Interested in Attending: Week June 21 _____ Week June 28 _____ Week July 19 _____

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

I hereby authorize the Directors of The Darrell Armstrong & Chucky Atkins 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, The Center for Drug Free Living, Arthur Jackson Midnight Basketball Program, 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 cover by: _____

Parent's or Guardian's Signature: _____