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# H OOPS!

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Sponsored by: Developmental Services of Dickson

An affiliated  
chapter of  The Arc.



*Lady Cougars*

## *Co-Ed Basketball Camp*

**WHO: Middle School and High School Boys and Girls**

**WHEN: June 1st-3<sup>rd</sup>      TIME: 10:00 am - 12:00 pm**

**WHERE: DCHS gym      509 Henslee Drive, Dickson, TN 37055**

Campers will learn the fundamentals of basketball, teamwork, and sportsmanship.

*Skills: ball handling, shooting, defense, passing, rebounding and competitive games*

Camp Director: Erin Webb

Camp Coordinator: Robyn Lampley

Email: [rlampley@dsdc.org](mailto:rlampley@dsdc.org) for further details

Return Form to Robyn Lampley: [rlampley@dsdc.org](mailto:rlampley@dsdc.org), or the DSDC offices at 115 Luther Rd, lower level. You will be notified of successful camp registration.

2022 HOOPS! Lady Cougar Co-Ed Basketball Registration Form

Camper Name: \_\_\_\_\_

Sex: M F

Guardian Name: \_\_\_\_\_

Guardian Cell Number\*: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Camper Grade: \_\_\_\_\_

Camper Age: \_\_\_\_\_

\*Guardian contact information is for registration and schedule communications. The responsible individual who transports the player to the camp will be required to remain onsite for the duration of the event.

This camp is intended for individuals with a disability that prevents them from participating in typical basketball opportunities. Please share helpful information related to the player's disability, including diagnoses and allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Seizure Disorder:**    **Yes**       **No**

**Medical Release and Release of Liability:**

**In consideration for the opportunity to participate in a Cougar Athletics Sports Camp hosted by Dickson County High School, I voluntarily agree to assume all risks involved in my child's participation in the sport camp and all related activities. I understand that if I allow my child to participate, my child may be exposed to risks of personal injury and/or property damage or loss. I also recognize that there are both foreseeable and unforeseeable risks of injury that may occur which the camp cannot specifically anticipate.**

**I release all members of the Cougar Athletics Sports Camp from any and all liability, claims, costs, expenses, injuries, and/or losses that I or my child may sustain as a result of my child's participation in a Cougar Athletics Sports Camp hosted at Dickson County High School. I certify by my signature below that I am this child's parent or legal guardian. I sign this document freely and voluntarily.**

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent Printed Name)**