

2019 State Champs

Skills Camp

**Lady
Raiders**

**Incoming
Grades
6th -9th**

May 13, 14, & 16- 2019 6-8:30 PM

Ryle High School

**10379 U.S. Hwy 42,
Union, KY 41091**

Purpose:

Opportunity for parents to have a chance to learn with their player fundamental skills such as Shooting, dribbling, offensive execution, defense, speed, & agility through various drills that can be practiced at home. Each night will include a question and answer time with instructors. ALL LEVELS OF ABILITY ARE WELCOME!!

Registration:

Cost: \$80

<https://www.ladyraidersbasketball.com/camps>

Sign up online. Can mail in payment to RHS with attention to Katie Hartz or bring to first evening of camp. Make all checks payable to RHS. Each player will receive a t-shirt.

Staff:

Head Coach Kaite Hartz, Ryle Assistants, Nancy Winstel, Nell Fookes, Chris Douthit, Scott Schwartz/KY Premier, All Star Performance, Former & Current Lady Raiders Players



Location: Ryle High School Gymnasiums

Grades: Incoming 6th through 9th Grades

Registration/Cost: Cost of camp will be \$80.00 for each player and includes a t-shirt. Parents are free with a player. Can sign up online, bring registration up to RHS front desk during business hours, or can mail the registration form back to the school in attention to Katie Haitz.

Lady Raiders Website: <https://www.ladyraidersbasketball.com/camps> – Click Tool Bar in top Rt. Corner

*** MAKE ALL CHECKS PAYABLE TO: LADY RAIDERS BASKETBALL CAMP OR RYLE HIGH SCHOOL**

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Camp Staff: Ryle Head Coach Katie Haitz, Ryle Assistants, Nancy Winstel, Nell Fookes, Scott Schwartz/KY Premier, Chris Douthit, All Star Performance, Former & Current Lady Raiders Basketball Players

CLIP AND RETURN CAMP FORM BELOW

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PARENT NAME & CELL #: _____

EMAIL: _____

GRADE ENTERING: _____ **SCHOOL ATTENDING:** _____

SHIRT SIZE: (CIRCLE) YS YM YL AS AM AL XL XXL

I hereby authorize the director/staff of the Ryle High School Camp to use their best judgement in any situation requiring emergency medical attention. My child has medical insurance to cover any injuries sustained as a result of participation in camp. I understand that I will be responsible for expenses incurred on my child's behalf in connection with such treatment. In case of emergency, please contact us at

_____ (Phone # During CAMP)

Parent/Guardian Signature: _____