BASKETBALL CAMP

Location: Shepherd HS

Camp Session 1

Grade 8th-12th

June 3rd, 4th, 9th, 10th

Time: 12:30-3

Camp Session 2

Grade Pre-K-7th

June 9th, 10th, 11th

Time: 9-Noon

TOTAL COST
$100
Includes t-shirt for ALL grades ball for Pre-K-7th

ONLINE REGISTRATION

HTTPS://FORMS.GLE/GHOHCYLM3DOYTHZN7
OR COMPLETE ATTACHED FORM

CONTACT: 406.425.0545

Shepherd Basketball Camp 2025

____ SESSION 1
Grades 8th - 12th
June 3rd, 4th, 9th, and 10th
12:30pm - 3:00pm
$100
T-SHIRT SIZE:_____

____SESSION 2
Grades Pre K - 7th grade
June 9th, 10th, and 11th
9:00am - 12:00pm
$100
T-SHIRT SIZE_____

T-Shirt + Camp Ball(Pre-K-7th) Included for ALL Campers
(pre-registration must be received by June 1st to be guaranteed a t-shirt and ball)
Any questions can be directed to Darcy Stracke at helpmesylvan@gmail.com or 406-425-0545

Email*_____
Name(First and Last)*_____
Grade (incoming 25/26 school year)*_____
Parent Name (First and Last)*_____
Phone Number*_____
Payment*

Venmo @darcystracke (input camper name in comments)
Check payable to Darcy Stracke (mail to 2103 Central Ave. Billings, MT 59102)

Liability Consent**** Please sign below.

In consideration of the acceptance of my application for the above program. I hereby waive ,release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Shepherd Athletics, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks. I hereby assume those risks. I give consent for my child to participate in the above activities, and I execute and I execute the above liability release on their behalf

(Parent/Guardian)

Please type name here:_____