



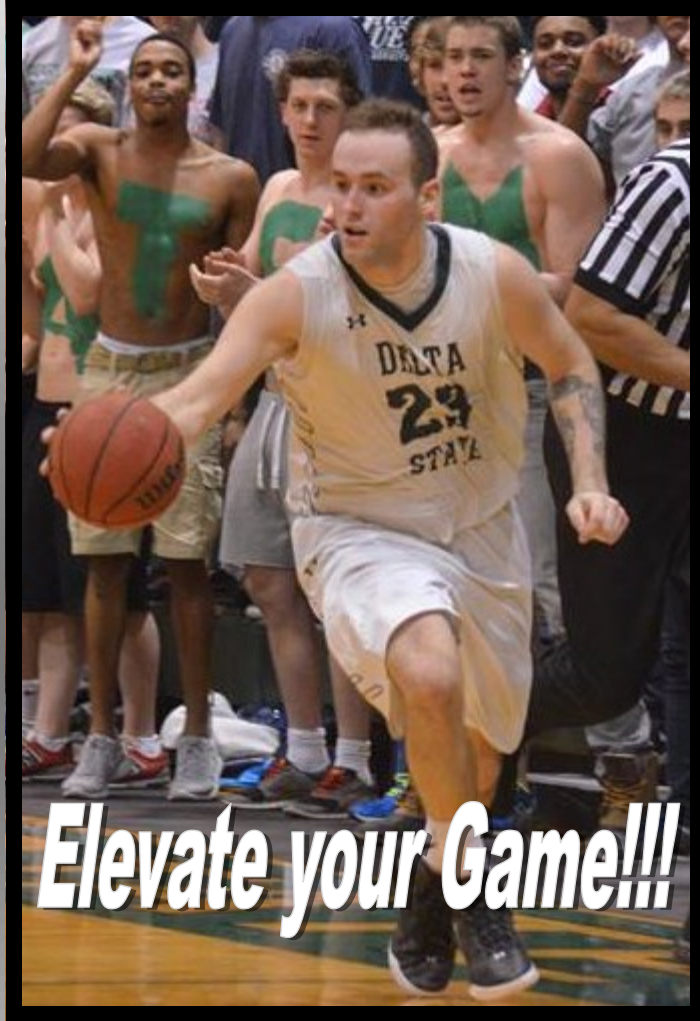
Delta State University  
**WINNING EDGE CAMPS** presents  
**2017 ELITE CAMP**

August 5

*Want to play at the next level?*

*Want to know how to get recruited?*

*The DSU Elite Camp is an advanced camp designed for players who aspire to play at the collegiate level!*



**DSU ELITE CAMP**      **\$75**

- ◆ Includes Camp T-Shirt
- ◆ Open to Prospects in Grades 9-12
- ◆ Conducted by DSU Coaching Staff
- ◆ Current DSU Players
- ◆ Intense Individual Instruction
- ◆ Complete Game Breakdown
- ◆ 5 on 5 Competition
- ◆ Notebook and Film Sessions
- ◆ Motivational Materials
- ◆ Special Session on Preparing for College
- ◆ NCAA Recruiting Session

**CONTACT INFO:**

Jimmy Boone  
 Asst. Basketball Coach  
 Delta State University  
 O(662)864-4463  
 C (662)588-0353  
 www.GoStatesmen.com  
 www.coachjimboone.com  
 E-mail- jboone6@okramail.deltastate.edu

**MAIL TO:**

WINNING EDGE BASKETBALL CAMP  
 DSU Box 3173  
 Cleveland, MS  
 38733

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ GRADE (Incoming) \_\_\_\_\_ PHONE \_\_\_\_\_

E-Mail Address \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

**CHECK APPROPRIATE SESSION**

\_\_\_\_\_ **ELITE CAMP**

**\$75**

**REGISTRATION**

**TIME:**

**SATURDAY:** 10-11:30 am

# **DELTA STATE**

## **BASKETBALL**

### **Basketball Camp**

### **PARENT CONSENT FORM**

We, the undersigned, hereby certify that as a parent or guardian of the camper, we give permission for the staff of the Delta State University Basketball Camp to seek medical attention for the camper in the event of an accident, injury, or illness, and I, the undersigned, will be responsible for all cost incurred.

The undersigned, for themselves, or heirs, or executors and administrators, waive, release and forever discharge the Delta State University Basketball Camps, its staff, officers, agents, employees, and representatives from any loss, personal injury, and property damage that may be sustained or occur during participation in activities while at camp.

CAMPER NAME \_\_\_\_\_

NAME OF PARENT / GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

