



Delta State University

Coach Jim Boone's

2017 Winning Edge Camps

Kids Camp...July 25-28

Grades K-3 (9am-11:30am) \$60

Registration starts at 8:30AM

1st Day of Camp

Open to Boys & Girls

Conducted by DSU Coaching Staff

Current DSU Players

Fundamental Skill Development

Lowered Goals for proper Shooting Form

Camp T-Shirt and Basketball



Individual Camp.....July 25-28

Grades 4-9 (1 PM– 4 PM) \$80

Registration starts at 12:30 1st Day of Camp

Open to Boys & Girls

Conducted by DSU Coaching Staff

Current DSU Players

Individual Instruction

5/5 Play

Celebrated 3/3 Champions Tournament

Ball Handling

Moving Without the Ball

Notebook Sessions

Camp T-shirt and Basketball

CONTACT INFO:

Jimmy Boone
Assistant Basketball Coach
Delta State University
O(662)846-4463
C (662)588-0353
www.gostatesmen.com
www.coachjimboone.com
E-mail: jboone6@okramail.deltastate.edu

***DON'T DELAY
REGISTER FOR
CAMP TODAY !!!***

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AGE _____ GRADE (Fall 16) _____ PHONE _____

T-Shirt Size _____

CHECK APPROPRIATE SESSION

_____ *Kids Camp* \$60

_____ *Individual Camp Session* \$80

MAIL TO:

WINNING EDGE BASKETBALL CAMP
1003 W Sunflower Road
DSU Box 3173
Cleveland, MS
38733



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 _____

