

**BEAUREGARD PARISH SHERIFF'S  
BASKETBALL CLINIC**

**AIMS OF THE CLINIC:**

The primary purpose is to develop individual basketball skills with emphasis on the importance of teamwork, discipline, communication and sportsmanship. Our overall aim is to produce a camper who appreciates the results of hard work and the satisfaction of doing a job well and who is developing high ideals in sportsmanship, leadership and citizenship.

- ACTIVITIES:**
1. Most of the work will be on the fundamentals of basketball.
  2. Team games will also be played.
  3. Trophies will be awarded in several competitive events in each age division.
  4. Each camper will receive a T-shirt and basketball for participation.

**INSURANCE:** All campers will be covered by their parents' insurance first (if applicable) and then by a group accident insurance policy paid for by registration.

**SUPERVISION:** The clinic will be under the supervision of Coach Edwin Kelly, DeRidder High School Head Basketball Coach, and several other outstanding coaches from the area.

**FOR MORE INFORMATION:** Call 337 463-3266 (Ext. 10232) DeRidder High School or 337 224-4899  
Coach Kelly

**AGES:** 5-18

**COST:** One child \$30.00; two children \$50.00; three children \$60.00 (\$20.00 each thereafter)

**CLINIC:** Boys: May 29 – June 1 (Tuesday – Friday)

8:30 a.m. – 11:30 a.m. Grades 1 – 8 2018-2019

1:00 p.m. – 4:00 p.m. Grades 9 – 12 2018-2019

Girls: June 4 - June 7 (Monday – Thursday)

8:30 a.m. – 11:30 a.m. Grades 1 – 8 2018-2019

12:30 p.m. – 3:30 p.m. Grades 9 – 12 2018-2019

**REPORT DESTINATION:** Campers should report to DeRidder High School gymnasium at the time of the session you are enrolled. They should be picked up at the DHS gym at the end of their session.

**PRE-REGISTRATION IS NOT NECESSARY. CAMPERS MAY REGISTER DAY OF CAMP.**

**REGISTRATION FORM:** Please detach form and mail along with Registration Fee.

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex \_\_\_\_\_ 2018-2019 Grade \_\_\_\_\_ T-shirt Size (Circle One)  
School \_\_\_\_\_ YS YM YL AS AM AL AXL XXL  
Parents \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Date: \_\_\_\_\_ Amount Enclosed \_\_\_\_\_  
Parent's Signature \_\_\_\_\_

**Make checks payable to: Beauregard Parish Sheriff's Office. Mail to: Coach Edwin Kelly,  
DeRidder High School, 723 O'Neal Street, DeRidder, LA 70634**