



Who?	1st - 2nd Grade Girls (25-26 school year)	3rd - 6th Grade Girls (25-26 school year)
What?	Little Dribblers Camp	Youth Camp
When?	9:00 - 10:00	10:30 - 12:30
	Monday 6/23, Tuesday 6/24, Thursday 6/26	Monday 6/23, Tuesday 6/24, Thursday 6/26
Where?	Energy Fieldhouse	Energy Fieldhouse
Cost	\$25 for first camper, \$10 for second camper in the same family	\$50 for first camper, \$25 for second camper in the same family
Purpose	This will be a camp focused on teaching the fundamentals of basketball	This will be a camp focused on teaching the fundamentals of basketball and 3-on-3

REGISTRATION: Form and fee due no later than **Friday, May 30.**
 Mail completed applications(s) with a check or money order to:
Coach Nathan Short
Mount Vernon High School
300 Yellow Jacket Drive, Mount Vernon, OH 43050



CHECKS PAYABLE TO: "JACKETS ATHLETIC BOOSTERS"
 (Fees returned due to illness or injury only.)

****Pick up/drop off will be at the front of the Fieldhouse. Registration will be available on the first day of camp, but there is no guarantee of a shirt if registration is not submitted by May 30.**

Contact Coach Short via e-mail at nshort@mvcsd.us with any questions.

----- (CUT HERE. RETURN BOTTOM ONLY. KEEP TOP FOR REFERENCE TIMES AND DATES) -----

YELLOW JACKET GIRLS BASKETBALL CAMP APPLICATION FORM

Name Of Camper(s): _____
 Grade (for 2025-2026 school year): _____
 School attending next year: _____
 Address: _____
 Phone: _____
 Emergency contact name and phone #: _____

Shirt Size (Unisex): YOUTH SIZES: S M L ADULT SIZES: S M L XL XX

I give permission for my daughter to participate in the Yellow Jacket Girls' Basketball Camp and agree that **any medical services needed are to be covered by our family medical coverage.** In consideration for my daughter's participation in the YJGBC, I hereby agree and promise that I will not hold the YJGBC, Mount Vernon City Schools, or its employees responsible for any loss, damages, or personal injuries that she may receive as a result of participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case I can't be reached.

PARENT OR LEGAL GUARDIAN: _____
 Signature