

## BOYS BASKETBALL CAMP

Week: June 9 – 13, 2025

Location(s): Dover Area High School  
Dover Area Middle School

Times:

Entering Grades 6 – 9 (9 – 11:30am)

Entering Grades 2 – 5 (9 – 11:30am)

\*Friday, June 13 – ALL boys will be at the HS for Championship Friday (9 – 12pm)

Fee(s): \$125/participant; \$100 for each subsequent participant

\* To avoid a \$25 late fee (processing), submit registration by Monday, May 19, 2025

- Run by Varsity & Junior Varsity coaching staff and players
  - Complete the required information and send with payment
  - Email questions to Dan Overmiller at [daovermiller@doversd.org](mailto:daovermiller@doversd.org)
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Name of Player \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Grade Entering in Fall \_\_\_\_\_

Zip Code \_\_\_\_\_

Team Last Season \_\_\_\_\_

Phone \_\_\_\_\_

Coach Last Season \_\_\_\_\_

Current Age \_\_\_\_\_

Primary Caregiver's Name \_\_\_\_\_

Primary Caregiver's Relationship to Participant \_\_\_\_\_

Primary Caregiver's Contact Information \_\_\_\_\_

Secondary Caregiver's Name \_\_\_\_\_

Secondary Caregiver's Relationship to Participant \_\_\_\_\_

Secondary Caregiver's Contact Information \_\_\_\_\_

Doctor Name \_\_\_\_\_

Doctor Contact Information \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Health Concerns We Should Know \_\_\_\_\_

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If your child taking medication (Please circle and specify, if Yes)

YES

NO

PLEASE COMPLETE SECOND SIDE OF REGISTRATION FORM!!!

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Method of Payment: Check \_\_\_\_\_ (amount) Number \_\_\_\_\_  
Money Order \_\_\_\_\_ (amount) Number \_\_\_\_\_

T-Shirt Size: (Please Circle) YS YM YL AS AM AL AXL

Please make checks/money orders payable to: Dover Eagle Athletic Booster Club  
Memo Line Please Write: Boys Basketball Camp

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**PARENT/GUARDIAN SIGNATURE REQUIRED (LINE BELOW)**

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In the event of an emergency and the above listed are unavailable, you have my permission to authorize any physician, athletic trainer, nurse, or certified medical personnel to examine, interview, test, and treat my child as deemed advisable.

**PARENT STATEMENT**

I state (write camper's name) \_\_\_\_\_ is in sound mental and physical health condition to participate in the activities offered by the Dover Basketball Program, including, but not limited to, all aspects of basketball. I fully acknowledge any activity involving height motion, and athletic exercise carries with it the possibility of serious injury. I release the Dover Basketball Program, as well as its employees, staff, players, coaches, district administration from liability to above named athlete, of the person claiming him/her arising from injury to the person or property of the above named athlete occurring on the premises of Dover Area High School, including any sanctioned or sponsored event by the Dover Basketball Program and/or travel to/from such activities.

**PARENT/GUARDIAN SIGNATURE REQUIRED (LINE BELOW)**

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Please Send To:  
Dover Area High School  
c/o Athletic Department  
Attn: Boys Basketball Camp  
4500 Intermediate Avenue  
Dover, PA 17315