

2026 Warrior Boys Basketball Camp

Hello everyone! We are excited to announce that the Susquehannock Boys Basketball Camp is on for June 15th - 18th (9 AM - 2 PM) this coming summer. Our high school players and coaches look forward to a fun week of building basketball skills, competing in basketball games, and perfecting your game.

Location and Start/End Times

All campers will report each day to Susquehannock High School's Main Gymnasium. Camp will start at 9 AM and end at 2 PM with doors open at 8:30 AM for anyone that needs to drop campers off early. While we will use both the Main and Aux gyms throughout the day, we will start and end in the Main Gym.

Daily Activities

Campers will have the opportunity to improve their game and learn new skills with individual and group practice of passing, dribbling, shooting, defensive principals, movement off the ball, team shape, decision-making and other age appropriate skills. Our goal is for every camper to go home each day of the camp and say "I learned something new today, I improved my skills, I was challenged, and I had fun." In addition the camp will provide a camp t-shirt, camp basketball, skill competitions and team games. Please note that we will have a lunch break each day. Lunch will be available for purchase or campers may pack a lunch.

Rising 8th and 9th graders will be separated for "team camp" to help prepare them for Junior High Basketball.

Ages

For all boys entering 1st-9th grade this coming school year.

Cost

The cost of the camp will be **\$100.00 per camper** if registration is received by **June 1st. Late registrations are \$110 per camper.**

Thank you for supporting our program! **Please make all checks payable to All Sports Booster Club**

Camp Registration Form

Player Name: _____

Incoming Grade in August (2026): _____

Address: _____

Shirt Size: YS YM YL AS AM AL AXL AXXL (circle one)

Parent/Guardian: _____

Email: _____

Cell Phone: _____

Parent/Guardian: _____

Email: _____

Cell Phone: _____

Medical Information

Doctor: _____

Doctor's Phone: _____

Medical Limitations: _____

Allergies: _____

I authorize the permission of medical treatment to my child in the event of emergency trauma or medical condition requiring such treatment. I understand that Southern York County School District does not carry medical or accident insurance.

Parent/Guardian Signature: _____

Date: _____

Please make all checks payable to: All Sports Booster Club

Send the completed form and payment to:

Wayne McCullough

318 Glenvue Rd.

Glen Rock, PA 17327

If you have any questions, please contact Coach Wayne at wayne.mccullough@sycsd.org