

The word Skopos is a Greek word defined as: a mark upon which to fix the eye, a goal. Skopos Athletics was founded in 1998 with the original "Be Somebody, not somebody else!" T-shirt which was inspired by Philippians 3:13 & 14 and is now spreading its message on the worldwide web.

Skopos Athletics™ is a Christian organization that is dedicated to promoting the positive message ... "Be Somebody, not Somebody else!" through T-shirts and athletic wear. The wearer of an authentic Skopos shirt or athletic apparel declares his or her freedom from conformity to the ideology that being the "Star" is what it is all about. Skopos Athletics™ is for athletes and non athletes alike. So whether you are walking a mile or running three, playing at the highest level or at the park, building a business or just living life you gotta have a goal.

Skopos Athletics "Be Somebody, not Somebody else!"™



**SKOPOS
ATHLETICS
BASKETBALL
SKILL CAMP
2011**

*"Be Somebody, not
Somebody else"!*™

www.skoposathletics.com

**Four Sessions from
May 31- June 24**

For 6-9 and 10-14 year old boys and girls

Colonial Hills Christian School
7131 Mt. Vernon Rd.
Lithia Springs Georgia 30122

Camp Director

Daryl Williams

Asst. Varsity Boys Basketball Coach

Colonial Hills Christian School

404-569-6392

email: info@skoposathletics.com

coachdarylw@comcast.net

Skills Taught:

Individual defense

Ball handling

Shooting

Passing

Camp Dates and Times:

6-9 year olds: Sessions 1 & 2

May 31- June 3 8:00am-4:00pm \$80.00

June 6- 10 8:00am-4:00pm \$100.00

includes camp T-shirt

(early drop-off 7:30am, late pickup 4:30pm)

10-14 year olds: Session 3 & 4

June 13-17, June 20-24

Cost: \$100.00 includes camp T-shirt

(early drop off 7:30am, late pickup 4:30pm)

Players must bring a sack lunch and afternoon snack, please no candy or sodas.

Registration Form: Please fill out registration form and mail payment to Skopos Athletics P.O. Box 928 Lithia Springs, Ga. 30122 by May 20, 2011. **Make checks out to Skopos Athletics.**

Child's Name: _____

Grade: _____ Shirt size: _____

Sessions: 1__2__3__4__

Parent's name: _____

Hm#: _____

Wk#: _____

Cell#: _____

Email address: _____

Family Physician:

Phone #: _____

Insurance Company: _____

Policy #: _____

Group #: _____

Please list any medical problems:

Emergency Contact:

Phone #: _____

Insurance Waiver: I fully understand that Colonial Hills Christian School/ Skopos Athletics does not provide insurance and it is my responsibility to provide insurance coverage for my son/daughter. Colonial Hills Christian School or Skopos Athletics will not assume liability for injuries incurred by my son/daughter during participation in practice or playing in any interscholastic, summer camp or after school program.

Authorization: In case of an emergency involving my child, which in the opinion of camp authorities requires medical attention, I authorize the Camp Director or its representatives to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment.

I assume the responsibility for any medical expenses incurred during any emergency medical treatment. The Camp Director, Skopos Athletics, camp workers nor Colonial Hills Christian School/ Colonial Hills Baptist Church will be held responsible for any medical expense.

I have carefully read and understand each of the above sections and will comply with these policies and statements.

Permission is given for my child to participate in after school activities.

Parent/Guardian signature:

Date: _____