



DESTINED TO SUCCEED MOBILE MISSION BASKETBALL CAMPS



THESE CAMPS ARE TO PROVIDE INSTRUCTION TO PARTICIPANTS IN THE FUNDAMENTALS OF BASKETBALL IN BALL HANDLING, PASSING, DEFENSE, SHOOTING, REBOUNDING, AND SPORTSMANSHIP. EACH PARTICIPANT WILL DEVELOP INDIVIDUAL SKILLS TO IMPROVE PERFORMANCE AS A TEAM PLAYER.

DAY CAMP

3rd-12th Grade

Where: North HOPE Center, 904 N Main St	Time: 8:30-11:30am (3rd-5th Grade)
When: Monday- Friday, June 8 - June 11, 2026	Time: 12:00-3:00pm (6th-8th Grade)
Who: 3rd-12th Grade, Girls and Boys	Time: 3:30-6:30pm (9 th -12 th Grade)
	Cost: FREE!

WHAT TO WEAR AND BRING:

Gym shorts, t-shirt, socks,
gym shoes, water bottle

WHAT NOT TO BRING:

Jewelry, valuables, radios, video games, toys

RESERVE A SPOT!

Contact: Mary Lee , Manager North HOPE Center
Phone: (803) 436-2691, Email: mlee@sumtersc.gov

BASKETBALL REGISTRATION FORM

Camper's Name: _____ Age: _____ Grade _____
 Street Address _____ State _____ Zip Code _____
 Email Address _____
 Current School: _____ GPA _____
 Parents Name(s): _____
 Phone(H): _____ (W): _____

MEDICAL RELEASE

I do recognize there are inherent risks involved in this sports activity. In consideration of the services provided, I hereby release and hold harmless the Destined To Succeed Mobile Mission and City of Sumter to call for, administer and/or obtain medical attention for my child in an emergency. I also hereby release personnel and agents of the Destined To Succeed Mobile Mission and the City of Sumter from any liability and/or damages as a result of participation in the camps.

Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered.

Parent Signature: _____ DATE _____

Emergency Contact

Name(s): _____

Phone(H): _____ (W) _____

(An acceptance letter will be sent via email, please check your email)



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April 22, 2026

Dear Parents and Athletes,

Thank you for your application to the DTOSMM Basketball Camp 2026. Congratulations! You have been accepted into the DTOSMM Basketball Camp that is being held on Monday-Friday June 8 -11, 2026. Located at the North HOPE Center. Registration breakdown is 8:30am-11:30pm (3rd-5th Grade), 12:00pm-3:00pm (6th-8th), and 3:30pm-6:30pm (9th-12th). Here are the forms you will need to complete for registration, please bring forms with you for registration or mail-in forms to the address below. We will need all forms completed and on file in order for the athletes to participate in the DTOSMM Basketball Camp.

CHECKLIST OF FORMS

Medical Waiver/ Photograph Release Form

Code of Conduct Form

Copy of Insurance Card

If you have any questions or concerns, please contact the North HOPE Center Manager Mary Lee at 803-436-2691 or via email at mlee@sumtersc.gov. Bring completed application and forms to the North HOPE Center. Hoop it up!



City of Sumter, North HOPE Center, 904 N Main St, Sumter, SC 29150

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of being permitted to participate in any way in the ANY FIELD OR GYM activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of ALL Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. **FULLY UNDERSTAND THAT: (a) ANY FIELD ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");** (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the Activity.

3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE DESTINED TO SUCCEED MOBILE MISSION BASKETBALL CAMP**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

EVENT: _____

Parent of Guardian Signature(if minor) _____

Parent of Guardian Signature(if minor) _____

Participant's Signature (only if age 18 or over): _____

Printed Name of Participant _____

Address of Participant _____

Email Address _____

Date: _____



Minor Release and Authorization To Reproduce Physical Likeness & Voice:

MINOR RELEASE AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ALL ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM

ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. Furthermore, I authorize Destined To Succeed Mobile Mission Basketball Camp, to transport and release minor to a medical facility in the event that in Destined To Succeed Mobile Mission Camp, judgment, emergency medical attention is immediately required and the minor's parent and/or legal guardian's are unable to be contacted. Authorization To Reproduce Physical Likeness & Voice: I,

_____, hereby grant to Destined To Succeed Mobile Mission Basketball Camp, and to any third party that they may authorize, the right to use my name and the right to photograph, film, tape and record me, and to use such pictures, other reproductions or modifications thereof in the advertising, exploiting or publicizing of Destined To Succeed Mobile Mission Basketball Camp in any media. YES NO

Signature: _____

Parental Consent for Minor Child: I hereby authorize and consent to the above authorization on behalf of my (Son/Daughter)

Parent's Signature: _____



Athlete Code of Conduct

The members and volunteers of Destined To Succeed Mobile Mission Basketball Camp are happy that you are participating. We look forward to Destined To Succeed Mobile Mission Basketball Camp as much as you do. We hold the Camp because we know that some of you have not had a chance to participate in sports in your school. You will have a lot of chances here at DTOSMM! We feel that you have a responsibility to try as hard as you can while you are here. We know that all of you will not be superstars, but we do expect you to try as hard as you can. We assume that anyone who is at the DTOSMM is here to concentrate on becoming a better athlete. Occasionally, we have had to send athletes home because of poor behavior. So that you know what is expected of you, you must agree to the following statements.

AS A DESTINED TO SUCCEED ATHLETE, I AGREE TO:

Conduct myself as an athlete during the DTOSMM . That means I will try my best to do as well as I can in each activity.

Treat the other athletes fairly and with respect.

Abide by the following DTOSMM rules:

I will not leave my group without permission.

I will not leave the gym or sports activity without permission.

I will not fight and use profane language.

I will be a good sport whether I win or lose.

I will report poor behavior of others to the camp director.

Athlete's

Signature _____

Parent's/Guardian Signature _____

Date _____

Staff Signature _____