November Basketball Camp

4 DAYS OF TRAINING WITH COACH AJ

FOR BOYS AND GIRLS 3RD-9TH GRADE

Make the Most of Your Week Off!
November 24th, 25th, 26th, and 28th

★ BALL HANDLING ★ SHOOTING ★
★ REBOUNDING ★ DEFENSE ★
★ FUN 3-ON-3 AND 5-ON-5 CONTESTS ★

Morning Session 9AM-12PM $75/week
Afternoon Session 1PM-4PM $75/week
Full Day Session AM & PM $150/week

Register via email to: jwalsh@bchmechanical.com.

THE BASKETBALL WAREHOUSE
Directors Daryl Blume & Allen Williams
6360 118th Ave. N., Largo, FL 33773
Contact: 727.235.4726
www.thebasketballwarehouse.com
REGISTRATION INFORMATION

Camper name: ________________________________
Address: _____________________________________
_____________________________________________
City, State, Zip: ________________________________
Gender: ______________  Age: __________________
Date of Birth: _____________ Grade Next Fall: ______
Nickname (for name tag): _______________________
Parent/Legal Guardian: _________________________
Home Ph#: ___________________________________
Cell Ph#: _____________________________________
Email Address: ________________________________
Emergency Contact: ____________________________
(In the event we are unable to contact you.)
Home Ph#: ___________________________________
Cell Ph#: _____________________________________

Permission Statement
This section must be completed and signed by the parent/guardian to insure acceptance into the program.

- I believe that my child is in good health and does not have any injury, illness or disability that will prohibit participation in the Summer Basketball Camp activities.
- I verify that you have my permission to take my child to the nearest medical facility for emergency treatment.
- I verify that my child has permission to participate in activities and that I am aware that lunch is not provided for any of the Sessions.

Parent/Guardian Signature: ____________________________
Date Signed: ____________________________

Important: Please list all restrictions, medical problems (medications, epilepsy, asthma and disabilities) that our staff should be aware of in order to assure special attention. Attach additional sheets if necessary.
Medications: _____________________________________________
Other: __________________________________________________

SESSION INFORMATION

Please write in preferred sessions:

___________________________________________
AM ONLY___ $75/wk
PM ONLY___ $75/wk
AM & PM___$150/wk
Total Fee: $________

T-Shirt Size
Child Small___   Adult Small___
Child Medium___ Adult Medium___
Child Large___   Adult Large___
Child X-L___    Adult X-L___

RSVPs received less than two weeks before the session begins cannot be guaranteed a shirt. Sessions are filled on a first come, first served basis. All fees must accompany registration form. A separate application is required for each camper.

Mail registrations to:
The Basketball Warehouse
Attn: Summer Camp
6360 118th Ave. N.
Largo, FL 33773

Checks may be made payable to:
The Basketball Warehouse. Cash payment will be an additional option for on-site registration.

If you have additional questions, please contact Coach Allen Williams:
(727) 235-4726
awilliams@thebasketballwarehouse.com
www.thebasketballwarehouse.com