Spring Basketball Camp

FOR BOYS AND GIRLS 3RD-9TH GRADE

Join Us for Basketball Camp the Week of March 13th to 17th, 2017 with Coach AJ Williams

★ 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 on-site or via email to: tmurine@bchmechanical.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