JUNE 2017
BASKETBALL SUMMER CAMP
AT THE WAREHOUSE

MAY 29—JUNE 02
JUNE 05—JUNE 09
JUNE 12—JUNE 16
JUNE 19—JUNE 23
JUNE 26—JUNE 30

AM Session 9AM-12PM ★ PM Session 1PM-4PM
$75 AM or PM Only ★ $150 per Week
$500 for All 5 Weeks

For Boys & Girls
3rd to 9th Grade

Improve Ball Handling, Shooting, Rebounding, and Defense with Coach AJ at the Basketball Warehouse. Limited to First 20 Kids Each Week. Must Register by Email and Receive Confirmation to Attend. RSVP to: kbeltran@bchmechanical.com.

The Basketball Warehouse
Directors Daryl Blume & Allen Williams
6360 118th Ave. N., Largo, FL 33773
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
ALL 5 WEEKS ____$500/wk

Total Fees: $________

Sessions are filled on a first come, first served basis. All fees must accompany registration form.

A separate application is required for each camper. Please register in advance and pay on the first day of camp. Checks may be made payable to: The Basketball Warehouse.

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

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