## Summer Basketball Camp

**FOR BOYS AND GIRLS 3RD-9TH GRADE**

<table>
<thead>
<tr>
<th>June 1st-June 5th</th>
<th>June 15th-June 19th</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 8th-June 12th</td>
<td>June 22nd-June 26th</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Morning Session</th>
<th>9AM-12PM</th>
<th>$75/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afternoon Session</td>
<td>1PM-4PM</td>
<td>$75/week</td>
</tr>
<tr>
<td>Full Day Session</td>
<td>AM &amp; PM</td>
<td>$150/week</td>
</tr>
</tbody>
</table>

Register on-site or via email to: [Reiring@bchmechanical.com](mailto:Reiring@bchmechanical.com)

**THE BASKETBALL WAREHOUSE**

Directors Daryl Blume & Allen Williams
6360 118th Ave. N., Largo, FL 33773
Contact: 727.235.4726
[www.thebasketballwarehouse.com](http://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
Small ________
Medium ________
Large ________
X-L ________

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

Email registrations to:
Reiring@bchmechanical.com

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

Checks should be made payable to:
The Basketball Warehouse. Cash
payment is 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