Summer Basketball Camp
For Boys & Girls 3rd-9th Grade

Week 1: June 13th—June 17th
Week 2: June 20th—June 24th

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

★ Ball Handling ★ Shooting ★
★ Rebounding ★ Defense ★
★ Fun 3-on-3 and 5-on-5 Contests ★

Register on-site or via email to: tmurine@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: _____________________________________
(If 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

Please register in advance and pay on the first day of camp. Checks may be made payable to: The Basketball Warehouse.

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