THE BASKETBALL WAREHOUSE

BASKETBALL SUMMER CAMP

FOUR WEEKS AVAILABLE

JUNE 4TH—8TH
JUNE 11TH—15TH
JUNE 18TH—22ND
JUNE 25TH—29TH

HALF DAYS & FULL DAYS
MONDAY—FRIDAY
9:00AM—12 NOON
1:00PM—4:00PM

WHO CAN REGISTER? BOYS & GIRLS/4TH-9TH GRADE
AM OR PM SESSION: $115/WK     FULL DAY: $200/WK

Register via email: jklaiber@bchmechanical.com. Confirmation necessary. Only 25 open spots per week. Bring payment and completed registration form with you to camp. For more info, visit www.thebasketballwarehouse.com.

THE BASKETBALL WAREHOUSE, 6360 118TH AVE. N., LARGO, FL 33773
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 for 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 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 weeks and sessions:

__________________________  ____________________________  ____________________________
AM ONLY___ $115/wk
PM ONLY___ $115/wk
AM & PM___$200/wk

Total Fee: $________

PAYMENT & REGISTRATION

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

Register via email: jklaiber@bchmechanical.com
If you have additional questions, contact Coach Allen Williams:
(727) 235-4726 or shotmechanic@yahoo.com

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