

VETERANS HIGH SCHOOL BASKETBALL CAMP



WHEN: JUNE 4TH-6TH

WHERE: VETERANS HIGH SCHOOL

WHO: BOYS AND GIRLS AGES 6-14

TIME: 9:00 AM-12:00 PM

PRICE: \$60.00 PER CHILD AND \$50 FOR ADDITIONAL FAMILY MEMBERS IF PRE-REGISTERED BY MAY 22. \$65 PER CHILD/\$55 FOR ADD. IF REGISTERED AFTER MAY 22. WALK-INS ARE WELCOME.

****EVERY CAMPER WILL RECEIVE A TSHIRT AND A BALL!!!**

BENEFITS: FUNDAMENTALS OF BASKETBALL, TEAM WORK SKILLS, INDIVIDUAL AND TEAM COMPETITIONS

WHAT TO BRING: CLOTHES TO BE ACTIVE AND WATER BOTTLE (MONEY FOR CONCESSIONS); BRING BALL DAILY AFTER RECEIVED AT REGISTRATION

CAMP STAFF: NICKI MIRANDA (GIRLS HEAD COACH), KACI WHIDDON (GIRLS ASST. COACH) BRETT HARDY (BOYS HEAD COACH), JONATHON SIMMONS (ASST. BOYS COACH) AND FORMER/CURRENT BASKETBALL PLAYERS FROM VHS WILL BE INVOLVED IN TEACHING AND LEADING CAMPERS THROUGH STATIONS, DRILLS AND GAMES.

FOR MORE INFORMATION: NICKI MIRANDA: NICOLE.MIRANDA@HCBE.NET (478) 955-6728

VHS WARHAWK BASKETBALL CAMP REGISTRATION FORM/WAIVER

NAME: _____

ADDRESS: _____

PHONE #: _____ **AGE:** ___ **GRADE (AUG 2018)** ___ **T-SHIRT SIZE:** _____

PLEASE MAKE CHECKS PAYABLE TO: VETERANS HIGH SCHOOL

FORMS/PAYMENT MAY BE MAILED TO: 340 PINEY GROVE ROAD KATHLEEN, GA 31047

I understand that I am financially responsible for any medical bills incurred by my child while at camp. I hereby authorize the staff at the VHS Basketball Camp to act as they see fit in the event an emergency arises. I hereby release and forever discharge the staff of the VHS Basketball Camp of and from any and all manner of actions, suits, damages, claims and demands on account of personal injury or death arising from my child's participation in the above listed activities.

Parent Signature: _____ **Date:** _____