



# Winfield Recreation Council Winfield Youth Basketball



## Cavalier Boys Basketball and Shooting Camp 2019



\*\*\*\*SO CARROLL HIGH SCHOOL \*\*\*\*

**SKILLS CAMP WITH GAMES: Improve your game in all areas - defense, offense, footwork, moving the ball and more!**

**SHOOTING CAMP: Proper technique and strategies - foul shots, bank shots, lay ups, three-pointers , etc**

- ☐ **5 DAY SHOOTING CAMP July 8—July 12 12:30pm - 2pm Mon—Fri**
  - Boys entering grades 4, 5, 6, 7, 8, 9 Fall 2019
  - Fee: \$50 one camper, \$90 for 2 campers same family
  
- ☐ **5 DAY SKILLS CAMP WITH GAMES July 8—12 8:30 am—12pm Mon—Fri**
  - Boys entering grades 4, 5, 6, 7, 8, 9 Fall 2019
  - Fee \$100 \$190 2 campers same family
  - Shooting and Skills Camp \$140
  - Camp includes:
    - 1 on 1, 3 on 3, 5 on 5 games foul shot contest
    - Coaches and players from the South Carroll High School Basketball program
    - Coach evaluation of each player, T-shirt

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.

**Make check payable to:** Winfield Recreation Council (WRC)  
**Mail to:** Jean Shea, 5399 Fleming Rd, Mount Airy, MD 21771  
 For more information contact: JEAN SHEA 443-829-5719 JeanEShea@aol.com  
**Camp Director: Jim Shea JJShea@CarrollK12.org Doug Goff DSGoff@carrollk12.org**  
**T-SHIRT SIZE (circle one) Youth: L Adult: S M L XL XXL**

\*A coach will be in the gym by 8:00am if you need to drop your camper off early

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Name of Registrant	Grade Fall 2019	Age	Date of Birth
Name of Parent/ Guardian		Home Phone	Emergency Contact / Phone
Street Address		City / Zip	
Health Problems		School	High School will attend

(Name) \_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE ACTIVITY. I UNDERSTAND THAT HE/SHE IS SUBJECT TO THE COUNCIL RULES OF CONDUCT. ANY ACTIVITY INVOLVING MOTION OR PHYSICAL ORIENTATION AND RESPONSE INVOLVES PERSONAL RISK OF INJURY, OVEREXERTION, OR STRESS. THE UNDERSIGNED ACKNOWLEDGES THAT RISK, RECOGNIZES THAT THE RECREATION COUNCIL PROVIDES "NO" MEDICAL OR HOSPITALIZATION INSURANCE WHATSOEVER FOR THE PARTICIPANT, AND WAIVES ANY AND ALL CLAIMS AGAINST THE COUNCIL, THE CARROLL COUNTY DEPARTMENT OF ENTERPRISE AND RECREATION SERVICES, THEIR AGENTS, SPONSORS, AND INSTITUTIONS PROVIDING FACILITIES, FOR ANY INJURIES SUSTAINED WHILE WATCHING, PARTICIPATING IN OR TRAVELING TO AND FROM COUNCIL ACTIVITIES.

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Signature of Parent or Guardian	Email Address	Date
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For office use: Paid: Yes / No      Amount: \_\_\_\_\_      Check: \_\_\_\_\_      Cash: \_\_\_\_\_