



# Winfield Recreation Council Winfield Youth Basketball



## Cavalier Girls Basketball Camp 2019

\*\*\*\* SOUTH CARROLL HIGH SCHOOL \*\*\*\*

**8:30 am—12:30 pm**



**BASKEBALL CAMP: Improve your game in all areas - shooting, defense, footwork, passing, moving the ball and more!**

- **BASKEBALL CAMP June 24 - June 28 (Monday—Friday)**
  - **Girls entering grades 4—9 Fall 2019 8:30am - 12:30pm**
  - **Fee: \$115 one camper, \$215 two campers in the same family**
  - **Camp includes:**
    - Coaches and players from the South Carroll High School Basketball program
    - Camp t-Shirt, 3 on 3 and 5 on 5 games, stations and drills, awards, prizes

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 (So. Carroll High School Varsity Coach)

**Each player receives camp t-shirt**  
**T-SHIRT SIZE (circle one) Youth: L Adult: S M L XL**  
**WRC Registration Form: Cavalier Girls Basketball Camp 8:30—12:30pm**

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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 RECREATION PARKS,, THEIR AGENTS, SPONSORS, AND INSTITUTIONS PROVIDING FACILITIES, FOR ANY INJURIES SUSTAINED WHILE WATCHING, PARTICIPATING IN OR TRAVELING TO AND FROM COUNCIL ACTIVITIES.

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