Winfield Recreation Council *in cooperation with*
Carroll County Department of Recreation and Parks

Cavalier Boys Basketball Camp

South Carroll High School
8:30 a.m. - 12:30 p.m.*

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

- **June 16-20:** Boys entering grade 4, 5 or 6
- **July 7-11:** Boys entering grade 7, 8 or 9
- **Fee:** $95 one camper; $175 two campers
- **Camp features:**
  - Coaches and players from the South Carroll High Basketball Program
  - Camp tee shirt, youth logo basketball, 3-on-3 and 5-on-5 games, stations and drills
  - Coach evaluation of each player

Tee Shirt Size (circle one) Youth: L XL Adult: S M L XL XXL

*A coach will be in the gym by 7 a.m. if you need to drop your camper off early.

Make check payable to: Winfield Recreation Council

Mail to: Jean Shea, 5399 Fleming Road, Mt. Airy MD 21771 (jeaneshea@aol.com)

The Americans with disabilities Act applies to the Carroll County government and its programs, services, activities and facilities. If you have questions, suggestions, or complaints, please contact Jolene Sullivan, the Carroll County government Americans With Disabilities Act Coordinator, 410-386-3600, 1-888-302-8978, TTY 410-848-9747. The mailing address is 10 Distillery Drive, First Floor, Suite 101, Westminster, MD 21157.

Winfield Recreation Council Registration Form: Cavaliers Boys Basketball Camp ❑ June 16-20 ❑ July 7-11

Name of registrant | # of years played | Age/Date of Birth

Name of parent or guardian | Home phone | Emergency contact/phone

Street address | City/Zip

Health problems | School | Grade

(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 A 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 REACTION SERVICES, 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 | Date

For office use: paid: yes / no amount:_____ check:_____cash:_____