



# *Summer Camps*

## *2019*

Sign up now for the Washington Township Parks and Recreation Summer Basketball Camps run by WTHS Boys Basketball Coach, Matt Kiser. Enjoy a fun filled camp of playing basketball, learning from Washington Township High School Coaches and players, and improving your skills!

### **FUTURE MINUTEMEN BASKETBALL CAMP FOR BOYS - AGES 6-8**

This is a fun and exciting camp for future WTHS basketball players. The camp will include introducing the necessary skills young players need to be successful and a positive environment to help each player improve individually. The camp will incorporate skill development with the fun and excitement that the game of basketball brings. **Class #9023**

DATES: June 17<sup>th</sup> through June 20<sup>th</sup>

DAYS: Monday through Thursday

TIMES: 9:00 to 11:00 AM

LOCATION: WTHS 9/10 Gym

FEE: \$90.00 per participant

LIMITED TO: 40 participants

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### **MINUTEMEN BASKETBALL CAMP FOR BOYS - AGES 8-15**

This camp is designed to improve player skills with fun, innovative drills and games. Daily offensive and defensive stations, 5 on 5 games, 3 on 3 games, foul shooting competition and shooting games will be fun for everyone! Groups will be divided by age. **Class #9024**

DATES: July 8<sup>th</sup> through July 12<sup>th</sup>

DAYS: Monday through Friday

TIMES: 9:00 to 12:00 Noon

LOCATION: WTHS 9/10 Gym

FEE: \$120.00 per participant (includes t-shirt)

LIMITED TO: 80 participants

\*Complete form on reverse side and return to Washington Township Parks and Recreation\*

Washington Township Parks & Recreation  
P.O. Box 1106  
Turnersville, NJ 08012 Phone: 856-589-3227 Fax:856-589-0529

Date Paid _____
Cash _____ Check _____
Received By: _____

### Washington Township Parks & Recreation Program Registration Form

*Please Print*

First _____	Last _____	Mo _____ Day _____ Yr. _____	Male _____ Female _____
Participant's Name		Birth Date	
Street Address _____	City _____	State _____ Zip _____	E-Mail Address _____
Phone _____	Emergency Phone _____	Emergency Contact Name _____	
School Attending _____	Grade _____	Present Age _____	Cost _____
Program Name _____	Class # _____	Shirt Size (If Applicable) _____	

I/We the parent(s) of the above child hereby give my/our approval for the said child to participate in any and all activities of the Washington Township Recreation Program. I/We assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Washington, its officers, volunteers, coaches and participants from claims for accidents or illnesses arising from participation in the Township of Washington's Recreation Program.

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Township of Washington, its officers, volunteers and coaches as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. If I am not present, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc. All injuries to participants occurring during or to and from any scheduled athletic function must be reported to the Parks & Recreation Office immediately or the accident insurance is voided. 24 hour maximum.

**Program location/dates/times may be changed at any time. Classes may be cancelled if enrollment is low. Participants will be notified of such changes prior to the first class.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print: Parent or Guardian Name \_\_\_\_\_