



WSBL

Sunshine Youth Basketball Summer Camp 2015

The City of Winter Springs Parks & Recreation

For Boys and Girls Ages 5-14

Basketball Camp Information

Instructors: Certified Coaches, Teachers, college students and HS Players

Cost: \$165.00 per week (\$10.00 discount for each sibling)

Special: Sign up for 3 or more weeks and receive a \$40 discount.

Site: Willow Creek Church, Winter Springs and Winter Springs HS



Individual Instruction on:

- **Shooting**
- **Fundamentals**
- **Defensive Techniques**
- **Individual and Team Offenses**
- **Conditioning**
- **Team Play**
- **Daily Games and Contests**

Each participant will receive:

- **Basketball**
- **T-shirt**
- **Lunch and refreshments**
- **Daily Awards**

Questions?

Call 407-327-8952 or courtney@wsbl.com

Register By Mail!

Registration is on a first-come, first-served basis only. All registration forms must include a check for total tuition. There will be a \$35 administrative fee for any refund. No refunds are given once camp starts. ***Special drop off time each morning at 8:15 am.*******

WSBL Summer Basketball camp is for boys and girls who are ages 5-14.

- | | | |
|-------------------------|--------|-----------------|
| • Session 1, June 15-19 | W.C.C. | 9:00 am-3:00 pm |
| • Session 2, June 22-26 | W.C.C. | 9:00 am-3:00 pm |
| • Session 3, July 6-10 | WSHS | 9:00 am-3:00 pm |
| • Session 4, July 13-17 | WSHS | 9:00 am-3:00 pm |

Special drop off time every day at 8:15 AM.

***All weeks are open to boys and girls ages 5-14 ***

Lunches and refreshments are provided each day. Campers may bring money to purchase additional food, candy and snacks.



www.wsbl.com



Mail check and Registration to:

WSBL
P.O. Box 197208
Winter Springs, FL 32719-7208

WSBL-Sunshine Youth Basketball Summer Camp 2015 Official Registration

Name _____ Boy[] Girl [] Age ____ Grade _____
 Height ____ Weight ____ School _____
 Address _____ City _____, FL ZIP _____
 Home phone (____) _____ Emergency phone (____) _____
 Parent/Guardian _____
 Email _____ Amt. Pd. _____ Check# _____

[] Session 1, June 15-19	WCC
[] Session 2, June 22-26	WCC
[] Session 3, July 6-10	WSHS
[] Session 4, July 13-17	WSHS

Select Tshirt Size: YM[] YL[] AS[] AM[] AL[] AXL[] AXXL[]

Release and Consent

I _____, hereby give my consent for the above named child to participate in WSBL-Sunshine Youth Basketball Inc.. I/We acknowledge that the WSBL-Sunshine Youth Basketball Inc., and the City of Winter Springs Recreation Department are not liable for medical expenses, hospital expenses, or other charges incurred for such services as may be rendered on behalf of my/our child as a result of injury or sickness. I/We also acknowledge that my child has no physical problems that would pose a threat to his/her health.

Parent/Guardian signature _____ Date _____