



## Summer Camps 2025

Location: Cary Academy Middle school gym (CMS)

time: 9am - 12

Please indicate which camp(s) you would like to attend:

- |                       |                   |       |                   |                          |
|-----------------------|-------------------|-------|-------------------|--------------------------|
| <input type="radio"/> | <b>June 9-12</b>  | \$160 | 4-8th grade girls | Overall Offensive Skills |
| <input type="radio"/> | <b>July 28-30</b> | \$150 | 5-8th grade Girls | Shooting Camp            |
| <input type="radio"/> | <b>August 4-6</b> | \$120 | 4-8th grade girls | Overall Offensive Skills |

Child's Full name: \_\_\_\_\_ Grade in Fall of 2024: \_\_\_\_\_

School: \_\_\_\_\_ Does your child play on her school team? \_\_\_\_\_

Experience level	(circle)	1. Rec ball		2. school team		3. travel/aau
	(circle)	starts/off bench		starts/off bench		starts/off bench

Parent/guardian name: \_\_\_\_\_ Cell # in case of emergency \_\_\_\_\_

Parent(s) email: \_\_\_\_\_

In case of emergency during the workout, please give the name and phone number of someone we can contact if parent(s)/guardian cannot be reached:

Name \_\_\_\_\_ phone \_\_\_\_\_

I give my consent and approval to the participation of my son/daughter in the Coach Z Basketball programs. I certify that she is physically fit to take part in all workout activities. I relieve Coach Z Basketball, Coach Z, workout assistants, and Cary Academy of any responsibility should any accidents occur.

parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_