**Williamsburg** 

 **Lady Pirate**

 **girls’ Basketball Camp**

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| **Girls Entering Grades: K – 8th** **June 9th, 10th, and 11th** |
| **Grades K – 2nd** **9:00AM – 11:00AM****Cost: $45** | **Grades 3rd – 8th** **9:00AM – Noon****Cost: $65** |

**Camp instruction will include fundamentals in:**

|  |  |  |
| --- | --- | --- |
| * **Ball Handling**
 | * **Shooting**
 | * **Rebounding**
 |
| * **Passing**
 | * **Defense**
 | * **Foot Work**
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Camp Info:

* Girls’ Basketball Camp will be held at the Williamsburg Community High School.
* Campers from other schools are welcome to attend.
* Complete the registration form and return to the address provided.
* Wear sneakers and bring a water bottle.
* To ensure a T-shirt, registration must be received by 5/20/2025.

*Note: You may register on the first day of camp, but a T-shirt is not guaranteed.*

**Questions: contact Coach Angela Detwiler at adetwiler@williamsburg.k12.pa.us**

**Return Registration Form:**

|  |  |
| --- | --- |
| **Camper Name:** |  |
| **School/Grade Next Year:** |  |
| **Address:** |  |
| **Parent/Guardian Name** |  |
| **Parent/Guardian Cell Phone #** |  |
| **T-Shirt Size (Circle One)** | **Youth Sizes: S M L XL****Adult Sizes: S M L XL** |
| **Health Insurance Company** |  |
| **Policy #** |  |

Make Checks Payable to: ***Lady Pirate Girls Basketball Boosters***

Mail registration form to: Williamsburg Girls Basketball

 515 West Third Street

 Williamsburg, PA 16693

**WAIVER FORM**

All applicants and their parents/guardians understand that they must have their own insurance coverage and that the Blue Pirate Basketball Camp director/staff and Williamsburg Community School District does not assume responsibility for accidents/injuries or other expenses incurred as the result of injuries sustained during or as a result of, any normal course of instruction given by the camp staff. Expenses resulting from illness are the responsibility of the camper’s parent/guardian.

We (I) specifically represent that my child has had a recent physical examination and is physically able to participate in all camp activities. In the event of injury and if I cannot be contacted at the phone numbers listed, I hereby authorize the directors to act for me according to their best judgment in any emergency requiring medical attention. I relieve the camp of any and all responsibility should any accident occur, with respect to any and all decisions made by the directors concerning such emergency medical treatment.

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions: contact Coach Angela Detwiler at adetwiler@williamsburg.k12.pa.us**