

Westerville Central Girls Basketball Summer Camp

WHEN IS IT?

June 1st – 4th
9:00 am – 11:30 am

WHAT IS IT?

The Lady Warhawks will hold a summer basketball camp covering all aspects of the game of basketball. This will be a great opportunity for young players to work with the JV and Varsity teams and coaching staff to help build proper fundamentals and become a better basketball player.

WHO CAN ATTEND?

Any girl entering grades 3-8

WHERE IS IT?

Westerville Central High School
Main Gym

HIGHLIGHTS OF CAMP:

- Free t-shirt and basketball to all participants
- Individual instruction for players of any level and experience
- Players grouped appropriately by age and ability
- Fun, skills and competitive games

- Awards and prizes

WHAT IS THE COST?

\$75 if registered before May 23rd
\$80 after May 23rd

WHAT DO I NEED?

Campers should come prepared wearing shorts, t-shirt, tennis shoes, and a water bottle.

Make checks payable to
Westerville Central Athletic
Booster Club
(WCABC)

Registration Form- Complete, detach
and mail with payment to:

Westerville Central High School
Girls Basketball Camp
7118 Mount Royal Avenue
Westerville, OH 43082

If you have any questions, please
contact Head Coach, Coach
Pride
psalm2384@yahoo.com



Registration Form

Player Name: _____

Age _____

_____ Grade _____

School: _____

Address _____

_____ City/Zip _____

Parent Name : _____

Cell _____

Phone: _____

Parent Email : _____

_____ Emergency Contact
Name/Phone

_____ Are there any Medical
Conditions that the staff
should be aware of?

_____ T-Shirt Size (Circle):

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We/I give my permission for my daughter to participate in the 2015 Westerville Central Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my daughter's participation, I will not hold the camp or its employees or Westerville City School District responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature: _____