



## 2018 Bullets Basketball Camp



**When: June 4-6**

**Where: Williamsville High School Gym**

**Cost: \$60 per Camper**

Camp includes a t-shirt for every camper, fundamental instruction from Coach Beard and the boys' coaching staff and players, skill competitions and prizes!

**Session 1 (Incoming 2<sup>nd</sup>-5<sup>th</sup> Grades) 8:30-10:30 AM**

Please specify which grade your child is going to be in for the 2018-2019 school year

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

**Session 2 (Incoming 6<sup>th</sup>-8<sup>th</sup> Grades) 10:45-12:45 P.M.**

Please specify which grade your child is going to be in for the 2018-2019 school year

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

**Camper Name:** \_\_\_\_\_ **Shirt size Child S M L**  
**Adult S M L XL**

**Parent Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact (if different from parent):** \_\_\_\_\_

**Emergency phone #:** \_\_\_\_\_

Please fill out an insurance waiver form as well. Registration form, payment and waiver should be sent to Coach Nick Beard at the high school by **May 11<sup>th</sup>**. Checks should be made out to WHS Basketball.

# Insurance Waiver

I, \_\_\_\_\_ also understand that my child \_\_\_\_\_  
(Print Name Parent/Guardian) (Print Name of Camper)  
must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in the Bullet Basketball Camp during the week of June 4th-6th. I also certify that said insurance will be kept in force during the full time that my child engages in the Bullet Basketball Camp.

Insurance  
Provider/Policy#: \_\_\_\_\_

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with payment and your insurance waiver form to Coach Beard by *May 11th*.**

Items may be returned to the Williamsville. High School Office or mailed to:

**Williamsville High School  
Attn: Nick Beard,  
900 S. Walnut St.  
Williamsville, Illinois 62693**