



2017 Bullets Basketball Camp



When: June 5-7

Where: Williamsville High School Gym

Cost: \$50 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 2nd-5th Grades) 8:30-10:30 AM

Please specify which grade your child is going to be in for the 2017-2018 school year

2nd

3rd

4th

5th

Session 2 (Incoming 6th-8th Grades) 10:45-12:45 P.M.

Please specify which grade your child is going to be in for the 2017-2018 school year

6th

7th

8th

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 12th**. 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 5-7^h. 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 12th*.

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**