

Camp Features

- Camp will be held in WCHS Gymnasium
- Camp Fee \$60.00
 - Includes: instruction, camp shirt and camp completion award
- Dates: June 8-11, Awards Day June 11
- Times:
 - Grades K-6 – 2:00pm - 5:00pm
 - Thursday, June 11 - All campers report together at 12:00 for Skills Performance and Awards Presentation and Photos

A Message from the Coach

“The Mini - Jacket Basketball Camp is designed to teach young players the most important aspect of the game:
FUNDAMENTALS!

Fundamentals are a foundation we all use throughout our lives and without a good, strong foundation, nothing will last long. It is my goal to increase interest in the game of basketball, get young players excited to learn, play and compete with and against others and most importantly do it all while having fun!

We are taking great steps to improve the future of Winston County High School Basketball and it all starts with these young players!

Becky Cobb, Head Basketball Coach
WCHS

Winston County High School
1222 County Rd 24
Double Springs, AL 35553

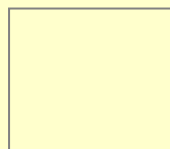
Mini - Jacket Basketball Camp

WCHS Lady Jackets



June 8-11, 2015
Grades K-6

Phone:
WCHS - 205-489-5593
Becky Cobb - 205-272-0951



Facilities & Staff

WCHS Lady Yellow Jackets

Coach Becky Cobb

Assistant Coaches Adam & Juli Veal

- Concessions will be available
- Camp will conclude Thursday
 - Approximately 1:00

• Eligibility

- Anyone in grades K-6 are eligible

***DUE TO LIMITED SEATING (BLEACHERS WILL NOT BE PULLED OUT DUE TO USE OF SIDE GOALS) WE ASK THAT PARENTS REMAIN IN LOBBY! YOU CAN HOWEVER COME IN AND OUT TO CHECK ON YOUR CHILD AND TAKE PHOTOS!**

For Additional Information

Call WCHS – 205-489-5593
Becky Cobb – 205-272-0951
or email bcobb@winstonk12.org

Camp Application

Fill out and mail now with full fee or fill out and mail with a \$30 non-refundable deposit. The remainder of payment will be due prior to day of camp or can be taken at the door. Applications will be processed on a first-come, first-serve basis.

Deadline for deposits or Applications:

May 22, 2015

Payments can also be left at the office of Winston County High School, Double Springs Middle School, or Double Springs Elementary School. Please put in an envelope and seal with correct information (WCHS Basketball Camp Mini - Jacket Camp, etc....DO NOT LEAVE BLANK because I may not get it)

Name _____

Age _____ Grade _____ T-shirt size _____

Address _____

City/State/Zip _____

Telephone _____

Parent/Guardian _____

Total Fees Enclosed \$ _____

Send to: Mini - Jacket Basketball Camp
c/o Becky Cobb
PO Box 549
Double Springs, AL 35553

Release and Assumption of Risk

In consideration of my child's participation in the Little Lady Jacket Basketball Camp, I hereby release and agree to indemnify and save harmless Winston County High School, its successors, assigns, officers, agents, and employees from all claims, including liability for bodily injury of whatever kind, including loss of life or property arising out of said Basketball Camp. Furthermore, I acknowledge that there are risks inherent in my child's participation in the Basketball Camp and I fully assume all such risks, hazards and losses which are connected with such activities.

I have read this waiver and knowing that the Basketball Camp is a potentially dangerous activity and in consideration of my child's participation in this activity. I for myself and anyone entitled to act on behalf and/or my child's behalf, hereby waive and release Winston County High School, its officers, employees, or agents from all claims or liabilities of any kind arising out of my child's participation in this activity.

Permission

I hereby give my permission for my child's participation in summer camp activities at Winston County High School. Should emergency medical treatment be needed, I authorize the coach and/or staff, if I cannot be reached by telephone or because of the emergency not allowing sufficient time to make contact, to act on my behalf to approve any reasonable medical treatment deemed necessary by a licensed physician and/or hospital.

Parent Signature: _____

Parent Name Printed: _____

Date: _____

Child's Name: _____

Medical Insurance Company: _____

Policy/Group Number: _____

Insured's name: _____

Dependent's medication: _____

Dependent's allergies or chronic medical condition: _____

Emergency Contact:

Name: _____

Relationship: _____

Number: _____