



2022 HAMPTON GIRLS' **BASKETBALL CAMP** (Keep For Your Records)

TO ALL GIRLS ENTERING GRADES 3rd through 9th:

The Hampton Varsity Girls' Basketball coaches and players would like to invite any girl interested in improving her basketball skills to our 7th Annual Girls' Summer Basketball Camp. This year's camp is scheduled at **HAMPTON MIDDLE SCHOOL** for the week of **August 8th through 11th**. Camp sessions will introduce and reinforce the girls to the fundamentals of basketball, allow them to develop their basketball skills, and give them the opportunity to interact with the Lady Talbot varsity players.

Any communications will be sent via Remind, a texting group that hides both your and my cell number. Please take a minute to download the App and join the group.

1. Send a text to: 81010
2. With this message: @hgbcam

WHEN: Monday, August 8 through Thursday, August 11

TIME: 9:00 a.m. to Noon

WHERE: Hampton Middle School

COST: \$110* per player** (early bird before June 10)..... add \$10 if after June 10

**Siblings: \$85 per camper (2 sisters = \$170, ect.)

REGISTER BY PAPER or ELECTRONICALLY:

	<u>Paper & Pen</u>	<u>Electronic</u>
Registration Form	Mail hard copy to: Tony Howard 10167 Woodbury Drive Wexford, PA 15090	Fill out registration form via Google form at: https://forms.gle/torovUNqVkJpV8Wkp7
Payment	Check made payable to: Tony Howard	Send payment through Venmo: @Anthony-Howard-1973

🏆 All Campers will receive Tee-Shirt and Basketball

QUESTIONS: Please e-mail hamptongirlshoops@gmail.com

**REGISTRATION FORM
(PLEASE RETURN WITH PAYMENT)**

Camper's Name _____

Grade 2022-23 _____

School _____

Address _____

Home Number _____

Cell Number _____

Email _____

{Please write very clearly}

Emergency Contact Name/Number _____

Name of Physician _____

Phone Number _____

Insurance Carrier _____

Policy Number: _____

SHIRT SIZE (please circle) **Youth:** M L **Adult:** S M L

HAMPTON GIRLS' BASKETBALL CAMP WAIVER

Parents: Please read and Sign:

I hereby approve of my daughter(s)' attendance and participation in the Hampton Girls' Basketball Camp. I certify that she is in good health and able to participate in all activities. If you are unable to reach me, I authorize the directors to act on my behalf according to their best judgement in any emergency requiring medical attention for which service I will pay. I hereby waive and forever release Hampton School District, its officers, and the clinic staff from all liability for any injuries or illnesses incurred while at the clinic. Please attach a note explaining any physical limitations, medical conditions, and or required medication.

Signature _____

Medical Conditions:
