



**BASKETBALL SKILLS CAMP**  
**BY COACH BRIAN WATSON**  
**Registration & Waiver Form**

**Complete this registration & Waiver form and mail or drop with \$70 fee to:**  
**Wahpeton Parks & Recreation, 304 5th Street South, Wahpeton, ND 58075**  
**This year camp will be every day of the week for one week: June 24th - 28th**

Wahpeton Parks and Recreation along with Coach Brian Watson (Wahpeton Head Girls BB Coach) will be offering a basketball skills camp this summer for boys and girls going into grades 3rd—12th. Sessions will be held in the times listed below on this registration form. These are suggested session times but we will work with you to get you into any session time that works best with your schedule no matter what grade you are in. We will aim to keep each session to no more than 20 participants as much as possible. Participants will have the option to give us your first and second choice of the session time they would like. There is no guarantee you will get your first choice and sessions may be combined. The camp will cover shooting, ball handling, passing, rebounding, free throw shooting, individual offense and defense, post and perimeter play along with skills contest. Participants will receive a camp t-shirt. The camp will be held at the Wahpeton Community Center and the cost is \$70. (Payable to Wahpeton Parks & Recreation).

Participants Name \_\_\_\_\_

Grade this coming fall \_\_\_\_\_ Birth Date \_\_\_\_\_ Circle: Boy Girl

Grades 3<sup>rd</sup> & 4<sup>th</sup>: (Mark your 1st or 2nd choice) 10:00-11:00am \_\_\_\_\_ 11:00-Noon \_\_\_\_\_

Grade 5<sup>th</sup> & 6<sup>th</sup>: (Mark your 1st or 2nd choice) 8:00 - 9:00am \_\_\_\_\_ 9:00-10:00am \_\_\_\_\_

Grades 7<sup>th</sup> & 8<sup>th</sup> (Mark your 1st or 2nd choice) 1:00-2:00pm \_\_\_\_\_ 2:00-3:00pm \_\_\_\_\_

High School: (Mark your 1st or 2nd choice) 3:00-4:00pm \_\_\_\_\_ 4:00-5:00pm \_\_\_\_\_

(Mark the time frame that works best with your schedule if one in your grade level doesn't work for you).

T-Shirt Size (circle one) Yt Med Yt Lg Ad Sm Ad Med Ad Lg Ad XL Ad XXL

Parents Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_ Player Cell Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Release: Please read this form carefully and be aware of registering your minor child/ward for participating in this program, you will be waiving and releasing all claims to injuries your child/ward might sustain arising out of this program. I recognize and acknowledge that there are certain risks of physical injury to participants in programs offered and I agree to assume the full risk if any such injuries, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against Coach Watson, the Park Board, and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which my child/ward may have or which may accrue to my child/ward on account of participation in this program. I have read and fully understand the above details and waiver and release of all claims.

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

Office Use Only: Date Paid \_\_\_\_\_ Ck # \_\_\_\_\_ Cash \_\_\_\_\_