



**White House High School
Blue Devils Basketball Skills Camp
June 7-9, 2021**



**Divided by Age for Smaller Group Instruction This Year:
Boys and Girls in Current Grades K-3: Morning Session 9:00-11:00 am
Boys and Girls in Current Grades 4-7: Afternoon Session 12:00-2:30 pm**

**\$80 per camper
MONEY WILL NOT BE TAKEN UNTIL THE FIRST DAY OF CAMP
Sibling Discount of \$5 per Camper
Each Camper will receive a T-shirt and Basketball
Age appropriate goal height
Camp Bank will be available for concessions**

Camp Skills will include: WHHS player and coach led instruction that will focus on shooting, ball handling, passing, defense, rebounding, free throws, lay-ups and competitive individual and team games.

**Return bottom portion of form to reserve your spot to:
WHHS
Attn: Basketball Camp
508 Tyree Springs Road
White House, TN 37188
Contact Coach Cook with any questions: 615-972-4211**

Only 1 Camper Per Form

Camper Name: _____ T-shirt Size: AXL ___ AL ___ AM ___ AS ___ YL ___ YM ___ YS ___

Male: ___ Female: ___ School: _____ Current Grade: _____ Age: _____

Parent Name(s): _____ Phone #: _____

Payment Included \$: _____ Check ___ Cash ___ **MONEY NOT DUE UNTIL THE FIRST DAY OF CAMP**

Health Care and Assumption of Responsibility

Insurance Coverage: _____ Policy#: _____

Primary Care Doctor: _____ Phone#: (_____) _____

Does student have any medical/health-related situations? (Please describe any conditions or issues that we should be aware of, for example: seizures, diabetic condition, allergic to bee stings, allergies, special needs child, disabilities, behavior issues, food allergies, or take any current medications? If yes, please explain.

In signing this form, I understand that the information will be used only in case of a medical emergency and to disclose to Basketball Camp staff anything that may affect my child's health, participation in Basketball Camp activities, or behavior while attending. I understand that WHHS does not carry any medical insurance for our Blue Devils Skills Camp participants. In allowing my child to participate in this program, I recognize my responsibility, through appropriate insurance or otherwise, to cover all medically related expenses if such circumstance should arise. I understand that in case of a medical emergency, WHHS staff will contact me through one of the phone numbers previously given. If the (parent/guardian) or the other emergency contact cannot be reached at the numbers listed, I grant permission to WHHS to arrange for transportation to a hospital and for medical services to be rendered. I understand and agree that not disclosing relevant information regarding any known behavior or health issues will be grounds for the child's immediate dismissal from the program without a refund.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

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