



# Warbirds Basketball Camp at PHS Summer Camp 2018 Registration

~ Boys & Girls Entering Grades 3rd - 10th ~

*Portion Of Camp Fees Will Benefit The Pennsbury Boys Basketball Team*

## Athletes Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*(Grade the athlete will enter in the fall)*

*(dd/mm/yyyy)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Select Session(s):

Please note: your child is not considered registered until this application and payment have been received. Each registrant will receive an email confirmation.

- Session 1: June 25–28, 2018 **(Monday-Thursday)**
- Session 2: July 30–Aug 2, 2018 **(Monday-Thursday)**
- Both Weeks - \$300

T-shirt Size: YL \_\_\_\_\_

AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Lunch is provided for an additional fee:

- Option 1: 1 hot dog, 1 bag chips & a drink - \$12
- Option 2: 2 hot dogs, 1 bag chips & a drink - \$15

- Total Cost \$ 165.00
  - \$300 for both weeks
  - All fees include a T-shirt
  - Includes a \$25.00 non-refundable deposit which is for administrative fees
  - Camp fee non-refundable once camp begins.
- Final Payment Due June 1, 2018
- **EARLY ENROLLMENT BY APRIL 30 - \$155**

## Parent or Guardian

\*First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I certify my child \_\_\_\_\_ to be in good health and give permission for his/her participation in the Basketball Camp at Pennsbury High School. I authorize emergency and medical treatment which may be needed in the event of an injury. I also understand that primary insurance coverage is my own responsibility through my individual or family plan. I agree to defend, indemnify and hold harmless the Basketball Camp at Pennsbury High School and instructional personnel in the event of injury to my child. This camp is not a Pennsbury School District sponsored camp. The District and Parent Club tax identification number will not be provided for any reason including child care deduction purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

Please complete one application per athlete. Print 2 copies. Please keep 1 copy for your records and mail 1 copy of this application with payment to:

Warbirds Basketball  
C/O: Michele Jones  
230 Woolston Drive, Morrisville, PA 19067

For more information please e-mail [pennsburyfalconsbasketball@yahoo.com](mailto:pennsburyfalconsbasketball@yahoo.com)