**WESTOSHA CENTRAL**

**GIRLS BASKETBALL CAMP**

**Monday July 25th - Thursday July 28th (1:00pm-3:00pm)**

**Westosha Central High School**

**$60 per participant**

**Grades 5th – 8th for 2022/2023**

**Participant’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade**\_\_\_\_\_\_\_\_\_

**Shirt Size**\_\_\_\_\_\_

**Parent’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Warning, Liability, Release, and Acknowledgment and Assumption of Risk**: By signing this form I agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. I understand that participation in the recreational program involves the risk of injury. I understand that before participation I should consult a physician for advice. By signing this form, I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from participation. By signing I release all parties from any liability for damages resulting from injuries or death and understand that no insurance is provided.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to Westosha Central Girls Basketball and mail to:

Westosha Central High School

24617 75th St

Salem, WI 53168

All registrations forms and payment must be received by July 1st, 2022.