



# WSBL Sunshine Youth Basketball Summer Camp 2008 The City of Winter Springs Parks & Recreation



For Boys and Girls Grades K-8

### Basketball School Information

**Instructors: Certified Coaches, Teachers, college students and HS Players**  
**Cost: \$155.00 per week (\$10.00 discount for each sibling and/or additional week)**



**Site: Willow Creek Church, Winter Springs and Lawton Chiles Middle School**



#### Individual Instruction on:

- **Shooting**
- **Fundamentals**
- **Defensive Techniques**
- **Individual and Team Offenses**
- **Conditioning**
- **Team Play**
- **Daily Games and Contests**

#### Each participant will receive:

- **Basketball**
- **T-shirt**
- **Lunch and refreshments**
- **Daily Awards**

#### Register By Mail!

Registration is on a first-come, first-served basis only. All registration forms must include a check for total tuition. There will be a \$10 administrative fee for any refund. All sessions will be held at Willow Creek and Chiles Middle School. Participants will be grouped by age, grade, and skill level.

WSBL Summer Basketball School is for players who will be entering grades K thru 8th grade this coming school year.

- Session 1, June 23-27      W.C.C.      9:00 am-3:00 pm
- Session 2, June 30-July 3      **CANCELLED**
- Session 3, July 7-11      W.C.C.      9:00 am-3:00 pm
- Session 4, July 14-18      LCMS      9:00 am-3:00 pm
- Session 5, July 21-25      W.C.C.      9:00 am-3:00 pm

\*\*\*All weeks are open to boys and girls entering grades K-8\*\*\*

Lunches and refreshments are provided each day. Campers may bring money to purchase additional food, candy and snacks.

#### Questions?

Call 407-327-8952 or courtney@wsbl.com



www.wsbl.com



#### **Mail check and Registration to:**

WSBL  
P.O. Box 197208  
Winter Springs, FL 32719-7208

#### WSBL-Sunshine Youth Basketball Summer Camp 2008 Official Registration

Name \_\_\_\_\_ Boy[ ] Girl[ ] Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, FL ZIP \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Emergency phone (\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Amount paid \_\_\_\_\_ Check# \_\_\_\_\_

- [ ] Session 1, June 23-27      WCC
- [ ] Session 2, **CANCELLED**
- [ ] Session 3, July 7-11      WCC
- [ ] Session 4, July 14-18      LCMS
- [ ] Session 5, July 21-25      WCC

Select Tshirt Size: YS[ ] YM[ ] YL[ ] AS[ ] AM[ ] AL[ ] AXL[ ] AXXL[ ]

#### Release and Consent

I \_\_\_\_\_, hereby give my consent for the above named child to participate in WSBL-Sunshine Youth Basketball Inc.. I/We acknowledge that the WSBL-Sunshine Youth Basketball Inc., and the City of Winter Springs Recreation Department are not liable for medical expenses, hospital expenses, or other charges incurred for such services as may be rendered on behalf of my/our child as a result of injury or sickness. I/We also acknowledge that my child has no physical problems that would pose a threat to his/her health.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_