



# WSBL

## Sunshine Youth Basketball

### Summer Camp 2009

*The City of Winter Springs Parks & Recreation*



For Boys and Girls Ages 5-14

#### 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**

**Questions?**  
 Call 407-327-8952 or courtney@wsbl.com

**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 boys and girls who are ages 5-14.

- |                         |        |                 |
|-------------------------|--------|-----------------|
| • Session 1, June 22-26 | W.C.C. | 9:00 am-3:00 pm |
| • Session 2, July 6-10  | W.C.C. | 9:00 am-3:00 pm |
| • Session 3, July 13-17 | LCMS   | 9:00 am-3:00 pm |
| • Session 4, July 20-24 | W.C.C. | 9:00 am-3:00 pm |
| • Session 5, Aug. 3-7   | W.C.C. | 9:00 am-3:00 pm |

**\*\*\*All weeks are open to boys and girls ages 5-14\*\*\***

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



[www.wsbl.com](http://www.wsbl.com)



**Mail check and Registration to:**  
 WSBL  
 P.O. Box 197208  
 Winter Springs, FL 32719-7208

#### WSBL-Sunshine Youth Basketball Summer Camp 2009 Official Registration

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

- |                           |      |
|---------------------------|------|
| [ ] Session 1, June 22-26 | WCC  |
| [ ] Session 2, July 6-10  | WCC  |
| [ ] Session 3, July 13-17 | LCMS |
| [ ] Session 4, July 20-24 | WCC  |
| [ ] Session 5, Aug. 3-7   | WCC  |

**Select Tshirt Size: 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 \_\_\_\_\_