

Neenah High School Girls' Basketball - Summer Youth Camps - 2015

For Girls Entering Grades 1 - 3

Class # 210304-A

Dates = June 15 - 18

Monday - Thursday 8:00 - 9:15am

NHS Field house

Fee = \$35

***All Camp participants will receive a
T-Shirt and Basketball
upon completion of the camp***

For Girls Entering Grades 7 - 9

Class # 210307-A

Dates = June 15 - 18

Monday - Thursday

Noon - 2:30pm

NHS Field house

Fee = \$55

All Camp participants will receive a T-Shirt and Basketball upon completion of the camp

For Girls Entering Grades 4 - 6

Class # 210302-A

Dates = June 15 - 18

Monday - Thursday

9:30 - 11:30am

NHS Field house

Fee = \$50

***All Camp participants will receive a
T-Shirt and Basketball
upon completion of the camp***

SHOOTING FUNDAMENTALS CAMP

Class # 210306-A

Dates = July 7 and 9,

July 14 and 16, July 21 and 23

11:30am - 12:45pm – NHS Conant Gym

Entering grades 4 - 8

All campers will get a shirt for participation

Cost - \$35

In this camp, participants will get instruction and practice in their shooting form from NHS Coach Andy Braunel, his staff and HS Players.

Participants will utilize the NOAH Shooting System Coaches Eye shooting analysis, the Toss Back net as well as traditional shooting drills.

To Register for one of these Camps.....

-Complete the Registration Form on the backside of this form and bring it to the Neenah Park and Recreation Department.

OR

-Log onto the Neenah Park and Recreation Website at www.neenahgov.org - click on departments/ Park & Recreation and look for ONLINE REGISTRATION to register for these camps online.

NEENAH PARK AND REC REGISTRATION FORM

ONE FORM PER HOUSEHOLD

(Please Print Clearly) GUARDIAN'S LAST NAME			GUARDIAN'S FIRST NAME				
PHONE (H) (EMERGENCY)		(C)					
EMAIL ADDRESS:							
(Your residency is based on what city/town				-	indicates.)		
SHIRT SIZE (IF PROVIDED): S Provided only for some						& X-LG	
NAME:		SIZE:		(Specify YOUTH (OR ADULT and SIZI	Ε)	
SPECIAL CONSIDERATIONS	(Medicat	ions, disabili	ties, etc.) l	Name:			
Participants First Name (last name if different than above)	M/F	Date of Birth:	Age:	Grade for fall of 2011	Class#:	Activity:	Fee:
SUNSHINE MARK-UP PROGRA	M (optio	nal) =					
Add \$1or more to your total Fees to help provide financial		'		_			
TOTAL AMOUNT DUE:		\$	\$				
Assistance for a City of Neenah resident unable to afford progra Thanks for supporting the SUNS and your community.	m fees.	ROGRAM					
ADULT SIGNATURE: I have read and understand the liability information listed above.				DATE:			

LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death, or property loss. The Neenah Parks & Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NPRD sponsored activities must provide their own insurance and assume risk of all injuries.

MAIL OR DROP OFF FORM AND PAYMENT TO: Neenah Parks & Rec. Dept., 211Walnut St., Neenah, WI 54956