

Antioch Sequoit Girls Basketball Summer Camps 2008

Camp Dates and Fees:

Girls entering grades 3-4-5

June 16 through June 19 (Monday through Thursday)

June 23 through June 26 (Monday through Thursday)

1:00-2:15 pm

Fee: \$65

Girls entering grades 6-7-8

June 16 through June 19 (Monday through Thursday)

June 23 through June 26 (Monday through Thursday)

2:30-4:00

Fee: \$75

Make checks payable to ACHS.

All campers will receive a basketball T-shirt or similar item.

Your information:

To be returned

Camp Application 2008

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Age _____ Grade Entering in 2008-2008 _____

Current School _____

Circle the Adult T-shirt size desired:

S M L XL

(Every effort will be made to match your request)

Please check any conditions that apply.

Known allergies _____ Asthma _____

Bee sting reaction _____

Medications _____

Camp Goals: The goal of the Antioch Sequoit Girls Basketball Camp is to help you identify and develop the fundamental skills that young players need to be successful in competitive basketball. Emphasis will be on teaching fundamentals and helping young players understand the way the game should be played. Coaches will challenge you to increase your skill level in a competitive and fun environment.

Camp Location: All sessions will be held at the Antioch Community High School gym.

Camp Registration: Registration can be completed prior to camp either by mail or in person. You can also register on Monday, June 16, prior to your desired session. In all cases, a parent/guardian signature will be required on the waiver form (see below).

Camp Information: For more information, call Coach Tim Borries (847) 543-5816 or e-mail: tborries@sequoits.com

To be returned

Please check any conditions that apply.

Known allergies _____ Asthma _____

Bee sting reaction _____

Medications _____

I hereby request you to accept the application for

enrollment of _____
in the Antioch Sequoit Girls Basketball Camp during the dates set forth in this application. I hereby release the District 117 Board of Education and its employees from all claims on account of any injuries which may be sustained by my child, and I agree to indemnify the Board of Education and its employees from any claim which may hereafter be presented to our child as a result of any injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

Parent/Guardian Signature _____

Date _____

Send registration and check to:

Antioch Community High School
attn: Coach Tim Borries
1133 S. Main St.
Antioch, IL 60002

Or bring registration and check to first camp date.