

WAYNESVILLE SPARTANS



BASKETBALL CAMP SUMMER 2019

HOSTED BY:

BOYS BASKETBALL COACH MIKE ARLINGHAUS

GIRLS BASKETBALL COACH TIM GABBARD

MAY 28TH – MAY 31ST

BOYS & GIRLS 2RD – 3RD GRADE PLAYERS (FALL 2019)
8:30AM TO 10:00AM
COST: \$60

BOYS & GIRLS 4TH – 6TH GRADE PLAYERS (FALL 2019)
10:30PM TO 12:30PM
COST \$60

BOYS BASKETBALL SYSTEM CAMP
7TH, 8TH, 9TH GRADES (FALL 2019)
1:00PM TO 3:00PM
COST \$60

Waynesville Spartans Youth Basketball Camp Highlights

- Stress the TEAM Concept and TEAM Attitude that is the cornerstone of our basketball program.
- Daily Fundamental Skill Development / Stations
- Camp T-Shirt and Basketball
- Competitions and Awards

Make Checks to: Waynesville High School
Mail Checks to: Mike Arlinghaus
735 Dayton Rd
Waynesville, Ohio 45068

Questions:
Mike Arlinghaus
marlinghaus@wayne-local.com

Tim Gabbard
tgabbard@wayne-local.com

2nd-3rd Grade Camp

8:30-10:00
MS / HS Gym

4th - 6th Grade Camp

10:30 - 1 2:30
HS / MS Gym

Boys System Camp

7th - 8th - 9th
1:00 - 3:00
HS / MS Gym

Check in is 15 minutes prior to camp starting.

Campers Name: _____ Grade Fall 2019: _____

Address: _____

Phone: Home _____ Cell _____

Emergency Contact: _____ Phone: _____

Please circle the T-Shirt Size:

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Medical/Civil Liability Release Form

I, _____ (parent) legal guardian of

_____ (camper), authorize Waynesville Men's Basketball Staff (WMBS) to administer first aid treatment for any minor injuries received by my child during the camp. If the sustained injury is life threatening or requires emergency treatment, I authorize WMBS or its representatives to summon any or all professional emergency personnel to attend, transport, and treat my child. If the injury requires hospitalization, I understand that I will not file for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil lawsuit against WMBS or its representatives as a result of any injury sustained my child or for any other reason during camp.

Parent Signature: _____ Date: _____