



## 2010 YOUTH CAMP - Ages 5 to 12

**Come out and join us! This year's Girls Youth Basketball Camp runs from June 21st to June 24th. We can't wait to see you there!**

All girls ages 5 to 12 are invited to:

- Develop and improve your basketball skills.
- Receive individual instruction from coaches.
- Gain an understanding of what Neshaminy Girls Basketball is all about!

Where: Maple Point Middle School

When: Monday June 21st thru Thursday June 24th

Time: 9:00 a.m. to 3:00 p.m.

Cost: Register before June 7th - \$125, Register after June 7th - \$140

(Register anytime and receive \$10 off for any additional sibling)

Please mail check and registration form to: (payable to Neshaminy Girls Basketball)

Joanne McVey

62 Teal Drive

Langhorne, PA 19047

Questions? Call Coach McVey 215.750.1293 or Coach Nord 215.801.7405

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### REGISTRATION FORM – 2009 YOUTH CAMP

Name \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Allergies \_\_\_\_\_

I understand that our child(ren) will be engaged in actual playing of the sport of basketball, and as with any sport, accident and injury can occur. I agree on my behalf and the behalf of my child(ren) not to hold any of the coaches responsible or liable for any occurrence involving the child(ren) while attending this program. I agree to release and discharge these coaches from any claim, demand, or damages from any actions and causes of actions arising out of any occurrence while at the program. I have insurance coverage which I feel is adequate. I understand clearly that the organizers of this program do not carry medical insurance.

#### DISCLAIMER

THE SOLE PURPOSE OF DISTRIBUTING THIS FLYER IS TO PROVIDE INFORMATION TO THE COMMUNITY. THE NESHAMINY S.D. DOES NOT ENDORSE, OR SANCTION THE EVENTS/ACTIVITIES LISTED IN THIS FLYER. PARENTS/GUARDIANS ARE URGED TO THOROUGHLY RESEARCH ANY ORGANIZATION PROVIDING SUCH INFORMATION BEFORE MAKING A DECISION TO PARTICIPATE.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_