



Neenah High School Girls' Basketball Summer Youth Camps – 2017

For Girls Entering Grades 1 - 3

Class # 210304-A
Dates = June 12 - 15
 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 4 - 6

Class # 210302-A
Dates = June 12 - 15
 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****

For Girls Entering Grades 7 - 9

Class # 210307-A
Dates = June 12 - 15
 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****

SHOOTING FUNDAMENTALS CAMP

Class # 210306-A
Dates = June 27 & 29
July 13, 18, 20
 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.

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) _____ **(C)** _____
(EMERGENCY) _____

EMAIL ADDRESS: _____

(Your residency is based on what city/town you pay taxes to, not necessarily what your mailing address indicates.)

RESIDENCY: (Please check one) CITY OF NEENAH **NON- RESIDENT**

**SHIRT SIZE (IF PROVIDED): SIZES COME IN YOUTH OR ADULT SIZES: SM, MED, LG & X-LG
-> NO YOUTH XL<-**

PROVIDED ONLY FOR SOME SPORTSCAMPS, UNLESS OTHERWISE NOTED.

NAME: _____ **SIZE:** _____ (Specify YOUTH OR ADULT and SIZE)

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.) Name: _____

<i>Participants First Name</i> (last name if different than above)	<i>M/F</i>	<i>Date of Birth:</i>	<i>Age:</i>	<i>Grade for fall of 2011</i>	<i>Class#:</i>	<i>Activity:</i>	<i>Fee:</i>

SUNSHINE MARK-UP PROGRAM (optional) = _____

Add \$1or more to your total Fees to help provide financial

TOTAL AMOUNT DUE: _____ **\$** _____

Assistance for a City of Neenah resident unable to afford program fees. Thanks for supporting the SUNSHINE PROGRAM and your community.

ADULT SIGNATURE: _____ **DATE:** _____

I have read and understand the liability information listed above.

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**