

2021 BLUE & GOLD GIRLS BASKETBALL CAMP

Session 1:

Junior Girls (entering 3rd - 6th grade)
8:00-10:30 **July 5 - 8**, 2021

Session 2:

Senior Girls (entering 7th - 12th grade)
12:30-2:30 **July 5 - 8**, 2021

Location: **Cedar Cliff High School**

Staff: Cedar Cliff Girls Basketball Coaches and
Players (players for Session 1 only)



The Blue & Gold camp will include half court, and full court leagues, shooting contests, a focus on fundamentals (dribbling, passing, shooting, etc.), and individual/team improvement. In addition, each player will receive a camp t-shirt if registered by **June 25th**.

Players should be sure to wear sneakers and clothing appropriate for athletic activity. Water will be provided, but players are welcome to bring their own water bottles. Please be sure to put your name on it.

Camp Fee: \$65.00

(all proceeds go directly to the girls basketball program)

Please make checks payable to:
Cedar Cliff Girls Basketball Booster Club

- Cancelled checks are your confirmation

For additional information please contact:
Coach Weyant at (sweyant@wssd.k12.pa.us)

Please Detach and send registration and check to:

Blue & Gold Camp
c/o Scott Weyant
4521 Woods Way
Mechanicsburg, PA 17055

The opinions expressed here are those of Cedar Cliff Girls Basketball and do not necessarily reflect the views of the West Shore School District. Posting of information on www.wssd.k12.pa.us and display of material does not constitute endorsement of any product, service, organization, company, information provider, or content by the District.

Please Detach and send this registration and a check.

Player's Name: _____

Address: _____

Grade (2021-2022): _____

School: _____

Phone: _____

Email: _____

Please Print CLEARLY!

Emergency Contact – 8 A.M.- 5 P.M.:

Name/Phone: _____

Circle one of the following:

Shirt Size (Youth): S M L

(Adult Size): S M L XL

(Guaranteed if registered by June 25th)

West Shore School District Waiver of School Insurance

I, the undersigned, being a parent or guardian of _____, hereby represent to the West Shore School District that the above named student is covered by medical and hospitalization insurance which will be kept in force throughout the 2021-2022 school year.

Please circle one of the two below:

1. Therefore, I do not wish to subscribe to the plan available through the district by a private carrier.
2. I am covered by the plan available through the district by a private carrier.

I hereby waive any claim against the school district for injuries incurred by the above named student while participating in a school-sponsored activity.

Date: _____ Signed: _____