

FUTURE MINUTEMAIDS BASKETBALL CAMP

Washington Township High School

This four-day camp emphasizes developing your basketball skills in a positive and friendly atmosphere. The focus will be on offensive/defensive skill development and individual instruction at your position. Success starts here, so join in the fun!

WHEN: June 23rd - 26th 12:30-3:30 PM Class #5018A

GRADES: 6th through 9th (as of September 2025)

PLACE: WTHS 11-12 Gymnasium

COST: \$130.00 Please make checks payable to **WTPR**

DIRECTORS: Jennifer Natale and Carolyn Johns

CAMP COUNSELORS: Former and Current Minutemaids players



Washington Township Parks & Recreation
P.O. Box 1106
Turnersville, NJ 08012 Phone: 856-589-3227 Fax: 856-589-0529

Date Paid _____
Cash _____ Check _____
Received By: _____

Washington Township Parks & Recreation Program Registration Form

Please Print

First _____	Last _____	Mo _____ Day _____ Yr. _____	Male _____ Female _____
Participant's Name		Birth Date	
Street Address _____	City _____	State _____ Zip _____	E-Mail Address _____
Phone _____	Emergency Phone _____	Emergency Contact Name _____	
School Attending _____	Grade _____	Present Age _____	Cost _____
Program Name _____	Class # _____	Shirt Size (If Applicable) _____	

I/We the parent(s) of the above child hereby give my/our approval for the said child to participate in any and all activities of the Washington Township Recreation Program. I/We assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Washington, its officers, volunteers, coaches and participants from claims for accidents or illnesses arising from participation in the Township of Washington's Recreation Program.

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Township of Washington, its officers, volunteers and coaches as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. If I am not present, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc. All injuries to participants occurring during or to and from any scheduled athletic function must be reported to the Parks & Recreation Office immediately or the accident insurance is voided. 24 hour maximum.

Program location/dates/times may be changed at any time. Classes may be cancelled if enrollment is low. Participants will be notified of such changes prior to the first class.

Parent or Guardian Signature _____ Date _____

Print: Parent or Guardian Name _____