

2025 MINI-MAIDS BASKETBALL CAMP

Calling **ALL GIRLS** K - 5th grade (as of Sept. '25)

Dates: June 23rd-26th Class #5017A
Time: 8:30 am - 11:30 am
Place: WTHS 11/12 gymnasium
Cost: \$130.00 per week (includes T-shirt)

Camp Director- **JENNIFER NATALE:**

 Current 4th grade teacher at Bells School

 Girls Varsity Basketball Coach



This camp is designed to teach the fundamentals of the game and develop and understanding of game play. Campers will be divided into age groups. Players will participate in stations, games, and daily competitions. Current and former W.T.H.S. players and coaches will assist with instruction.



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 _____