

### **Camp Instructors**

Canal Winchester  
Coaching Staff  
Former and Present  
Canal Winchester Athletes

### **Camp Highlights**

Camp T-Shirt  
Camp Basketball  
Offensive Strategies  
Defensive Strategies  
Individualized Work

### **Camp Goals**

For Each Girl to Come  
Away Enjoying the Sport  
of Basketball and to Learn  
the Fundamentals of the  
Game

### **Sponsors:**

Donatos Pizza  
Hersh Packing & Rubber  
Butch's Italian Cafe



**CANAL WINCHESTER HIGH SCHOOL**

**Canal Winchester High School  
c/o Adam Twiss  
300 Washington St.  
Canal Winchester, OH. 43110  
Phone: 614-920-2664  
Fax: 614-833-2163  
Email: atwiss@canalwin.k12.oh.us**



# ***CANAL WINCHESTER GIRLS' BASKETBALL MINI-CAMP***

**2008**

***INDIAN TRAIL  
ELEMENTARY  
SCHOOL  
GYMNASIUM***

***For Girls Entering  
2<sup>nd</sup> or 3<sup>rd</sup> Grade***

***Tuesday May 27th-  
Thursday May 29th  
After School until 5:30pm  
Cost = \$40.00***



**Tel: 614-920-2664**

**CANAL WINCHESTER GIRLS BASKETBALL MINI-CAMP 2008**

**Tuesday May 27th – Thursday May 29th**

**Entering Grades 2<sup>nd</sup> and 3<sup>rd</sup> After School until 5:30**

**Indian Trail Elementary School**

Cost is \$40.00 per Camper.

A \$20.00 NON-REFUNDABLE DEPOSIT IS REQUIRED FOR EACH PERSON.  
APPLICATION AND REGISTRATION DEADLINE IS MAY 19th, 2008.

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ T-Shirt Size (Youth Sizes) \_\_\_\_\_

**Person To Contact In The Event Of An Emergency (other than parent above):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Any Known Medical Concerns / Problems:** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I give \_\_\_\_\_ permission to attend the CANAL WINCHESTER BASKETBALL CAMP on the dates indicated above. I assume responsibility for any damage done by the above athlete to the property and/or equipment and I realize refusal to adhere to the camp's regulations will result in the immediate dismissal from camp at the athlete's expense. Furthermore, I understand that my signature gives consent for any emergency care that may be necessary. I will not hold the coaches responsible for any injury, illness or accident. I also understand that my daughter is participating in the CANAL WINCHESTER BASKETBALL CAMP voluntarily and with full knowledge of the responsibilities and dangers inherent in this activity. I agree to indemnify and HOLD HARMLESS the Canal Winchester Board of Education and their agents and employees from all liability, claims, demands, damages or costs for or arising out of, this activity whether it be caused by the negligence of indemnitor or the Canal Winchester Board of Education or either party's agents or employees or otherwise.

(Parent / Guardian's Signature) \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**LADY INDIANS BASKETBALL CAMP  
ADAM TWISS  
300 WASHINGTON STREET  
CANAL WINCHESTER, OHIO 43110  
Questions? Call (614) 920-2664**