

CONRAD WEISER GIRLS SPORT CAMP BASKETBALL AND FIELD HOCKEY

DIRECTED BY: The CW Coaching Staff along with the High School Basketball and Field Hockey Players

DATES: July 21 to 25, 2008

TIME:

9:00 am to 2:00pm: \$80

9:00am to 11:00am: Field Hockey: Meet in the morning at the field hockey field: if it is raining, go to the High School Gym

11:00am to 11:30am: Lunch- Bring Your Own

11:30am to 12:00pm: Girl Power Half Hour (ex: Motivation, Strength training, nutrition, etc.)

12:00pm to 2:00pm: Basketball



Field Hockey Only Participants: 9:00am to 12:00pm: Bring your lunch: \$50: Meet at the field hockey field: if it is raining, go to the High School Gym

Basketball Only Participants: 11:30am to 2:00pm: \$50: Meet in the cafeteria of the High School

WHERE: CW High School Gym and Field Hockey Field

WHAT: Individual Skills and Team Play

WHO: Current (as of May 2008) 3rd to 7th Grade Athletes

COST: Field Hockey or Basketball Only: \$50

Attending Both Field Hockey and Basketball: \$80

Make checks payable to: CW Athletic Boosters: due by July 1, 2008



Questions:

Contact Ann Schmidt at a_schmidt@conradweiser.org / 610-693-8599 ext. 634

or Adelle Schade at a_schade@conradweiser.org / 610-693-8599 ext. 736

CW Girls Sport Camp 2008

Player's Name: _____ Grade (current as of 5/08): _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Email address: _____

T-Shirt Size (Circle one): Child: S M L Adult: S M L XL

Parental Permission

I understand that the CW Girls Sport Camp does not provide medical insurance for campers. I also understand that in the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used. I approve my daughter's attendance at the CW Girls Sport Camp and certify that she is in good health and able to participate in camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care. I hereby waive and release the CW Girls Sport Camp and Staff from any all liability for any injuries or illnesses incurred while at the camp.

Parent's Signature: _____ Date: _____

This permission slip is due by July 1, 2008. Mail to: Adelle Schade: CW Girls Basketball Coach: Conrad Weiser High School: 44 Big Spring Rd.: Robeson, PA 19551.