

Washington Township Police Summer Basketball 2021 Camp

Middle School Grades 6-8 and High School 9-12

This program will incorporate skill development with the fun and excitement that the game of basketball brings. Daily offensive and defensive stations, 5 on 5 games, shooting drills, and instruction that is fun for all participants. Campers will divide in grade level groups each day. Campers are encouraged to bring a drink for the day.

Dates:

JULY 12, 13, 14, 15

JULY 19, 20, 21, 22

Days / Times:

Monday thru Thursday 10:00am – 12:00pm (grades 6, 7, 8)

Monday thru Thursday 1:00 – 3:00pm (grades 9, 10, 11, 12)

Location: Washington Township High School Outdoor Courts

Fee: FREE (*Washington Township residence ONLY*)

Primary Instructors: School Resources Officer Tom DiTullio
Officer Tony Leone and other Washington Township Police Officers.

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



Washington Township Police
Summer Basketball Registration
Please Print

Name: _____ Male Female

Date of Birth: _____ Current Age: _____
Mo. Day Year

Address: _____
No. Street City State Zip Code

Email Address: _____

Phone Number: () - _____

Emergency Contact: _____
Last First Middle Relationship

Address: _____ Phone: () - No. Street City State Zip Code

School Attending: _____ 2021-2022 Year Grade: _____

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



Cost: FREE

Location: Washington Township High School, Outdoor Courts

Dates: July 12, 13, 14, 15
July 19, 20, 21, 22

Times:

Morning Session – 10:00am – 12:00pm
(For students in 6th through 8th grade for the 2021-2022 school year)

Afternoon Session – 1:00pm – 3:00pm
(For students in 9th through 12th grade for the 2021-2022 school year)

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 of accidents or illnesses arising from the Township of Washington's Recreation Program.

We will furnish a certified birth certificate of the above-named participant upon request of any League Official.

I agree to return any issued equipment upon request, or pay the cost of same.

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 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.

Parent or Guardian Signature: _____

Print Parent of Guardian Name: _____