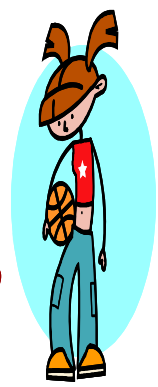




# Co-ed Basketball Camp

FOR BOYS & GIRLS AGES 8 to 13



The camp will stress the fundamentals of basketball. Both drill periods and team play will be featured. This camp will provide an opportunity for players to get in shape and refresh their skills before the upcoming season.

Activities are under the direction of Kevin Race.

Location: Spotsylvania Middle School Gymnasium

Dates and Time: *Thursday & Friday, August 12 & 13 from 5pm to 8pm*  
*Saturday, August 14 from 9am to 1pm*

Registration: July 19 - August 6, 2010 To register, complete the registration form and return it, along with the fee, to the Parks and Recreation Department located at Loriella Park. A birth certificate is required at the time of registration if one is not already on file with the department. The camp is \$50.00 for Spotsylvania County Residents / \$60.00 for Non-county Residents. A \$25 fee will be charged for all returned checks. There will be an additional charge of \$10 on all late registrations. Camp is limited to 50 participants and is open on first come, first serve basis or until full.

Withdrawals: Those wishing to withdraw from the program must do so by contacting the Spotsylvania Parks and Recreation Department by the posted deadline. Individuals must follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend the clinic does not constitute a proper withdrawal, and the participant will not receive a refund. No refund will be issued to individuals who contact the Parks and Recreation Department after the posted deadline date.

For further information contact: Kevin Race - (540) 455-3289 or Spotsylvania Parks and Recreation Department, (540) 507-7529.

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT  
Co-ed Basketball Camp for Boys & Girls Ages 8 - 13  
**ACTIVITY #: 330501-01**

Participant Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ How old was your child on 7/31/10: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Parental Consent: A parent or legal guardian must read and sign below.

I, the undersigned, do agree to indemnify and hold harmless Spotsylvania Middle School and Spotsylvania County, and the officers, employees, and agents thereof, from any and all claims or liability including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in the Basketball Camp. I understand that if my child withdraws from the program no later than August 6, I must put my refund request in writing and I also understand that there is a 20% administrative fee charged on all refunds. I also understand if my child withdraws from the program after August 6, 2010, my registration fee will not be refunded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\$50.00 County Residents / \$60.00 Non-County. Make checks payable to "Treasurer, Spotsylvania County"**