

2023 Co-Ed Basketball Camp

Instructors: Jeff Birk & Erin Birk
jeffbirk19@gmail.com (618) 708-1747

Location: Middle School Gym
Grades: Incoming 4th - 8th grades
Dates: July 10th – July 13th
Time: **8:30 a.m. – 10:30 a.m.**
Cost: \$50.00 per person/\$90 per family

Make checks payable to: Jeff Birk or Venmo @JeffBirk-2
(If Venmo – please add child's name & camp name)

We will work on skills for all levels. Beginners will have an opportunity to learn the skills necessary to play at the 5th grade level and experienced players will work on improving their skills to compete in middle school and beyond. No experience is necessary! If you are an athlete specializing in another sport, you should be playing basketball at school! Come to camp even if you are unsure about trying out for the team. We are looking to increase interest in school athletics. There is a spot for you. We want you to be involved!

Please mark T-Shirt size.

Co-Ed Basketball Camp Registration Form

Please return **THIS FORM & MEDICAL FORM** by **Wed., May 24, 2023.**
Check made payable to Jeff Birk or Venmo @JeffBirk-2

Please Print

Child's Name _____ Current Grade _____

T Shirt Size: **Adult** **XL** **L** **M** **S** **Youth:** **L** **M** **S**

Activity _____

_____ Check _____ Medical Form

Parent Signature

Phone Number

*** Please Note: A Medical Form NEEDS TO BE ATTACHED TO EACH CAMP FORM ***

Memorandum

Date: May 2, 2023

To: Participants of 2023 Summer Camps

Re: Registration Information for Summer Camps

To minimize any confusion due to the large number of summer camps being offered this year, the following rules will be in effect:

1. While the District is the host site of the camps, the camps are operated by the individual camp sponsors.
Therefore, any questions and concerns should **only** be directed to the camp sponsor.
Each camp description contains the sponsor's contact information.
2. Following registration, should any changes to the camp description and/or schedule be necessary, they will be communicated to you by the camp sponsor.
3. **Please complete a registration and medical form for each student for EACH CAMP.**
4. If your child is participating in multiple camps, **A SEPARATE CHECK, REGISTRATION FORM & MEDICAL FORM NEEDS TO BE WRITTEN FOR EACH CAMP.**
Please write the name of the camp on the check's memo line.
All checks should be made out to the camp sponsor.
Any checks made out to Wolf Branch will be returned to you by the camp sponsor.
5. Each check, registration and medical form should be sealed in an envelope with the sponsor's name and the name of the camp printed plainly on the outside.

Please do not place more than one check in an envelope.

6. The office staff will not open the envelopes, but rather just forward each envelope to the sponsor whose name appears on the envelope
7. Discipline problems will not be tolerated. Normal Wolf Branch dress code is in effect. Positive behavior and attitudes will be expected from all participants. Misconduct, disrespect, or lack of attendance will all result in dismissal and loss of tuition, at the discretion of the sponsor.

Thank you for your cooperation.

*** Please Note: A Medical Form NEEDS TO BE ATTACHED TO EACH CAMP FORM ***

MEDICAL AND CONTACT INFORMATION *(Summer 2023)*
THIS FORM MUST BE COMPLETED FOR ALL CAMPERS & EACH CAMP

Name: _____

Please check if NO known allergies: _____

ALLERGIES:

Food: _____

Medicine: _____

Seasonal: _____

Latex: _____

Other: _____

Type of reaction/treatment: _____

Any other pertinent medical information that may impact the camper: _____

CONTACT INFORMATION (Parent/Guardian)

Father: _____ Father's Day Phone: _____

Father's Home Phone: _____ Father's Cell Phone: _____

May the camp sponsor send text messages to this cell phone number? _____ Yes _____ No

Father's e-mail: _____

Mother: _____ Mother's Day Phone: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

May the camp sponsor send text messages to this cell phone number? _____ Yes _____ No

Mother's e-mail: _____

Caregiver: _____ Caregiver's Day Phone: _____

Caregiver's Cell Phone: _____

Emergency Contact #1: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact #2: _____

Day Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parents/Guardians Name

Phone Number