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**Whiteland Lady Warrior Spring Middle School Skills Camp**

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**Cost: $50.00 for All Sessions or $10 per Session**

**Includes: Shooting Routine with Workout Manual, Finishing Moves, Offensive Pivots, Ball Handling, Passing, Decision Making**

Make checks payable to Whiteland Lady Warrior Basketball

**When: April 2, 9, 16, 23, 30, May 7**

**Where: Middle School Aux Gym**

**Time: 3pm – 4:30pm**

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**Camper’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incoming Grade:**  7th 8th 9th

**Contact Phone Number:**\_\_\_-\_\_\_-\_\_\_\_\_\_  **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I give my permission for my child to participate in the Whiteland Lady Warrior Basketball Camp knowing it will contain vigorous physical activity that could lead to injury. To the best of my knowledge she is physically capable of performing vigorous activity. I release and hold harmless Whiteland High School and its coaches from any and all liabilities, personal injuries, and damages to or loss of personal property arising, directly or indirectly, in condition with my child’s use of facilities and equipment of the specific camp site. In the event my child is injured, I authorize the basketball staff to secure first aid and/or the services of a legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Return Form To: Refer Questions To:**

Lady Warrior Basketball Kyle Shipp - Head Girls’ Coach

Kyle Shipp **Email:**

300 Main St. [**kshipp@cpcsc.k12.in.us**](mailto:kshipp@cpcsc.k12.in.us)

Whiteland, IN 46184

**Forms will be accepted on Day 1 of Camp**

**Players are welcome to attend as many as possible if they have a conflict**