

**Camp Date:**

**June 10th to June 13th**

**Time:**

**5:30pm to 7:30pm**

**Where: Howard HighSchool Gymnasium**

**Cost: $100.00**

Make check payable to:

 **Howard High Basketball 8th Grade Camp**

Send Registration form to:

Howard High

8700 Old Annapolis Road

Ellicott City MD 21043

Attn: **Mike Twardowicz**

Parent agreement/waiver: Participation in this camp does not guarantee membership on the JV or Varsity Basketball team. I understand that by attending the 8th Grade Camp, Howard High School is not responsible for any injuries that may occur. I will not hold Howard High School or Howard county Public School System, the administration or coaches at camp liable for any such injuries.

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

Registration

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

Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical concerns, if yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Howard High**

**8th Grade Basketball Camp**