



DEPARTMENT OF
RECREATION AND PARKS

BASKETBALL CAMP

SUMMER 2011

TWO GREAT WEEKS!

BACK AT RIDGELY MIDDLE!

LUTHERVILLE-TIMONIUM RECREATION COUNCIL

Baltimore County Dept. of Recreation & Parks



SKILL DEVELOPMENT!

COMPETITION!!!

TEAM CONCEPTS!!

GOOD SUMMER FUN!!!!

*** CAMP HIGHLIGHTS**

- * 15 HOURS OF INSTRUCTION
- * CAMP BASKETBALL
- * CAMP T-SHIRT
- * PARTICIPATION AWARD
- * PIZZA DAY
- * 2 LEAGUE GAMES PER DAY
- * TOURNAMENT FRIDAY
- * DAILY CONTEST/GIVEAWAYS
- * COACHES CORNER
- * SKILLS & DRILLS NOTEBOOK

CAMP DATES

MONDAY-FRIDAY

9 AM-12 NOON

June 20-24, 2011

June 27- July 1, 2011

CAMP DIRECTOR

COACH: ROD NORRIS

LOCATION

TBD—may be Ridgely Middle or Timonium

COST: \$165.00 per session

Call 410-252-6867 for more info.

\$10 off additional family members in the same camp

\$10 off individual registrants in multiple sessions

**COUNTY-WIDE ALL STAR
BASKETBALL CAMP
AGES 5-12 BOYS AND GIRLS
Individual and Team Instruction**

Basketball Camp MAIL IN REGISTRATION FORM \$40.00 deposit due at registration, balance due one week prior to camp. Make checks payable to: LTRC MAIL TO: ROD NORRIS, 3 Thrush Ct., Timonium, MD 21093 QUESTIONS? CALL 410-252-6867 or e-mail rnorris@bcps.org

NAME: _____ AGE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PHONE: _____ BIRTH DATE: _____ SCHOOL: _____

T-shirt size (circle one) XL, 14-16 AS AM AL AXL

PICK SESSION (circle all that apply) Session 1 (June 20-24, 2011) and/or Session 2 (June 27—July 1, 2011)

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY: I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Parent/Guardian _____ Date: _____

Should you require special accommodations (i.e. sign language interpreter, etc) contact the recreation office at 410-887-7684 or the Therapeutic Office at 410-887-5370 (voice), 410-887-5319 (tt/deaf)