

19th Annual Weddington Warriors Basketball Camp

Two weeks to choose from or come to
both and get a discount:

June 17-20 and June 24-27

8:00-12:00

Early drop-off 7:30

@ Weddington High School

Matthews, NC

Boys & Girls Ages 7-14

Mail or drop off completed registration to:

Weddington Warriors Basketball Camp

4901 Monroe-Weddington Road

Matthews, NC 28104

Checks Payable To: B.T.S. Basketball

Daily Activities

8:00-8:15 Camp meeting and stretching

8:15-8:35 Ball handling drills

8:35-8:55 Full court drills

8:55-9:15 Shooting drills

9:15-9:35 Passing drills

9:35-9:55 Defense drills

10:00-10:15 Snack and Water

10:15-11:00 Competitions

11:00-12:00 Games

Gary Ellington Camp Director

Coach Ellington is entering his 13th year as the varsity men's basketball coach. Over 40 campers have gone on to play varsity basketball at WHS.

Coach Ellington's Contact:

704-708-5530

gary.ellington@ucps.k12.nc.us

Camp Information

- All campers will be notified by email to confirm registration. If you do not get an email within a week of mailing the form please call or email Coach Ellington.
- Basketball camp will be run by the WHS varsity coaches and players.
- Basketball camp will be held at WHS.
- Camp day begins and ends at the gymnasium entrance. Vehicle entrance is at the bus loop.
- All campers will be grouped according to age and/or skill level.
- Camp is *limited* to 100 participants.
- Every camper will receive a camp T-shirt.
- If campers bring a basketball make sure it is labelled with their name on it.
- Campers are responsible for bringing their own Gatorade and a snack.
- The concession stand will be open with Gatorades, waters and snacks. **Cash only for concession stand.**
- **Total cost of camp \$150.00**
- **Multiple Week Rates:**
 - 1 Week \$150
 - 2 Weeks \$275
- **\$25 nonrefundable deposit is due with registration. Remainder of money due by the morning of the first day of camp.**
- Make Checks Payable To:
B.T.S. Basketball

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Matthews, NC 28104

Registration Form

Circle the grade your child just finished.

Beginner 1st -2nd

Rookie 3rd - 4th

Youth 5th - 6th

Middle School 7th - 8th

Circle one shirt size:

YS

YM

YL

YXL

AS

AM

AL

AXL

Week(s) to attend: _____

Camper Information

Name _____

Address _____

Home Phone _____

Current Grade and School _____

Parent email address _____

Emergency Contact Information

Name _____

Relationship _____

Phone _____

Cell _____

Health Information

Current Conditions/Medications please inform director.

Parent/Guardian Consent

Waiver Must Be Signed

The undersigned, being a parent or guardian of the child requesting camp admittance, does hereby affirm the applicants in good health, and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby agrees to be responsible for any medical bills incurred in the treatment of illness or accident. In the event of any such accident or injury, I hereby consent to allow any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child without prior consent.

I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby release Weddington High School, BTS Basketball LLC and all employees and agents thereof, from any and all liability for injury incurred during the camp.

Guardian Signature: _____

Date: _____

Cut the registration form out and mail with deposit.