2015 GREEN WAVE BASKETBALL CAMPS

Held at Garrison School and Dover High School

The Dover High Boy's Basketball Staff will host their 14th Annual Green Wave Basketball Camp for boys entering grades K-8. The camp will have 2 different sessions and be at two different sites to accommodate all levels. The camp is for all skill levels and will focus on basketball skills, games and having tons of FUN!!!!

Session 1: June 22-25- Cost $80 -Kids entering grades K thru 3 at Garrison Elementary School from 9am-12 (awards will be passed out on the 25th at 11:30am)*

****Session 2: June 22-25 – Cost $80 –****Kids entering grades 4 thru 8 at Dover High School from 12:30-3:30pm (awards will be passed out on the 25th at 3:00 pm)*

EACH CAMPER WILL RECEIVE AN OFFICAL DOVER TEE SHIRT!!

*(*These camps are for boys in both Dover and surrounding areas)*

Questions: michaelromps@hotmail.com / 834-0112

Scholarships are available for those in need. Please contact Coach Romps directly for more information.

We want all kids, from all schools to attend.

- Registration Form- - - - - - - - - - - - - - - - - - -

Child_____Entering Grade _____ Shirt Size (circle) YS / YM / YL / AS / M / L / XL

Child_____Entering Grade _____ Shirt Size (circle) YS / YM / YL /AS / M / L / XL

My child will attend Session: 1 - 2 (please circle one and include payment)

Names & phone numbers to call/text in case of a problem or emergency.
Please supply us with two names and numbers

Name:_____Phone/Text #:_____

Name:_____Phone/Text #:_____

Participation Waiver

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover and Dover High School, and /or the Basketball teams harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is any emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

Signed_____Date_____

Checks made payable to Dover Boy's Basketball and mail with form to:

Mike Romps
42 Taylor Road
Dover, NH 03820