



# Dover Green Wave



What? 8<sup>th</sup> Annual Girls Basketball Camp!

Who? Girls entering grades 1-9

When? June 27 – July 1, 2016

9am – 12pm (grades 1-4)

12:30-3:30pm (grades 5-8)

Where? Woodman Park School Gym

Cost? \$75

Come and enjoy a week of basketball instruction, drills, contests and games, with Dover High Head Coach, DAN CASEY, and many Dover High School current and former players. The camp will offer a fun, competitive atmosphere to aspiring players who want to learn the game and develop their skills and understanding of concepts.

**EACH CAMPER WILL RECEIVE AN OFFICAL DOVER TEE-SHIRT!!**

**(This clinic is for children in both Dover and surrounding areas)**

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

Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Name & phone number to call in emergency during event \_\_\_\_\_

Person authorized to pick up child(ren) *Please bring i.d.* \_\_\_\_\_

**No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.**

*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, Recreation Department 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 an 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. If needed please use back side. Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware: \_\_\_\_\_*

*We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos.  Do Not Allow the use of pictures*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Checks made payable to Dover Recreation and mail with form to:  
Dover Recreation  
61 Locust St. Suite 124  
Dover, NH 03820

Questions? Please call Dan Casey @ (603) 969-2554