

2016 GREEN WAVE BASKETBALL CAMP

Held at Garrison School and Dover High School

The Dover High Boy's Basketball Staff will host their 15th Annual Green Wave Basketball Camp for boys entering grades 1-8. The camp is for all skill levels and will focus on basketball skills, games and having tons of FUN!!!!



***Session 1: June 27 – July 1 - Cost \$75 -Kids entering grades 1 thru 4 at Garrison Elementary School from 9am-12 (awards will be passed out on the 1st at 11:30am)**

***Session 2: June 27 – July 1 – Cost \$75 – Kids entering grades 5 thru 8 at Dover High School from 12:30-3:30pm (awards will be passed out on the 1st 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 (AM Garrison) - 2 (PM DHS) (please circle one and include payment)

Names & phone numbers to call in case of a problem or emergency.

Name: _____ Phone/Text #: _____

Name: _____ Phone/Text #: _____

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 of: _____

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

Mail with form to:

Dover Recreation

61 Locust St. Suite 124

Dover, NH 03820