WILLISTON-ELKO HIGH SCHOOL HOSTS SUMMER SPORTS CAMPS 2017



Williston-Elko High School is committed to the development of student athletes. It is the intention of our staff to provide quality instruction to all camp participants. All of our camps will teach fundamentals and sportsmanship, while exposing campers to sports strategies, challenges, and skill development and while assisting campers in having a great experience!

Please check the camp(s) you would like your child to attend.

Registration

Camp registration, and payment by check or cash, will be accepted through the first day of camp.

NO REFUNDS will be given for camps not attended. Participants will learn fundamentals of the sport from WEHS' coaches and players and participate in drills, skills, and games.

Mail registration form (back pages), accompanied with payment, to:

WEHS High School Attn: Summer Camps 12233 Main Street Williston, SC 29853

OR

Form may be dropped off at the WEHS Front Office 12233 Main Street Williston, SC 29853

	Camp	Date	Time	Cost
€	Baseball (Ages 5-12) WEHS Baseball Complex	June 5, June 6, & June 8	6pm-8pm	\$20
€	Girls Basketball (Ages 4-7) KEES Gym	June 12-15	9am -12pm	\$20
€	Softball (Ages 5-12) WEHS Softball Complex	June 12, June 13, & June 15	9am-11am	\$20
€	Girls Basketball (Ages 8-12) KEES Gym	June 19-22	9am-12pm	\$20
€	Tennis Boys and Girls, (Ages 5-12) Williston Town Tennis Courts	June 28-July 1	7am-9am	\$20
€	Volleyball (Ages 4-7) KEES Gym	July 10-13	9am-12pm	\$20
€	Volleyball (Ages 8-12) KEES Gym	July 10-13	12:30pm- 3:30pm	\$20
€	Boys Basketball (Ages 5-12) WEHS Gym	July 11-13	1pm-3pm	\$20
€	Football (Ages 5-12) WEHS Football Field	July 17, July 18, & July 20	6pm-8pm	\$20
€	Cheerleading (Ages 5-12) WEHS Track Field	July 17, July 18, & July 20	6pm-8pm	\$20
			Total Due:	\$

2017 SUMMER SPORTS CAMPS REGISTRATION

Name of Sport Camp(s):	Age group:	Age group:			
Amount enclosed for payment: \$	(Make checks pay	ke checks payable to WEHS High School)			
Camper's First & Last Name:		Date of Birt	h		
Parent's Name:					
Home Phone:					
Email:					
Address		State	Zip		
T-Shirt Size (Circle One): YS YM YL AS AM	1 AL XL XXL				
Please list any medical problems, including any	requiring maintenance medi	cation, <u>e.g.</u> , diabetic, ast	nma, seizures, etc.		
Medical Problem		Required Treatment			
Emergency Contact					
Name	Phone				
Insurance: Participants must provide their own	health insurance.				
Insurance Company		Policy Number			
Parent Signature		Phone			
I, the undersigned, confirm that the health in	nsurance information above	e is true and currently i	n effect.		
PARENT/GUARDIAN NAME (PRINT)	SIGNATURE		DATE		