

Presents:



REGISTRATION FORM

AUGUST 1 – 3, 2018

E-MAIL OR SEND COMPLETED FORM TO:

**Ben Collins
WCCC
1 College Drive
Calais, ME 04619**

bcollins@wccc.me.edu

Player Information

Full Name: _____ D.O.B. ____ / ____ / ____ Gender M/F

Street Address: _____ City/State: _____

School most recently attended: _____ Shirt Size (Youth S-L, Adult S-XL): ____

Grade in which camper will be enrolled in for the 2018-19 school year: _____

Special Notes/Requests/Allergies: _____

Parent/Guardian Contact Information

Full Name: _____ Relationship: _____

Street Address: _____ City/State: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact Information (if different from contact listed above)

Full Name: _____ Relationship: _____

Street Address: _____ City/State: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-Mail: _____

GENERAL CAMP INFORMATION

Dates: **Wednesday, August 1 – Friday, August 3**

Registration Fee: **\$75.00** (Includes Official Camp T-shirt)

Checks Payable To: **Washington County Community College**

<u>Time</u>	<u>Grades</u>	<u>Gym</u>
9:00 AM – 10:30 AM	1 – 3	WCCC
9:00 AM – 10:30 AM	4 – 6	CHS
11:00 AM – 2:00 PM	7 – 12	CHS

WCCC Gym
1 College Drive
Calais, ME 04619

Calais High Gym
34 Blue Devil Hill
Calais, ME 04619

Camp Registration: **8:30 AM – 9:00 AM Wednesday, August 1** (Grades 1-3: WCCC, Grades 4-6: CHS)
 10:30 AM – 11:00 AM Wednesday, August 1 (Grades 7-12: CHS)

Contact Information

Chris Taylor
Camp Director
207/214-9057
CTDowneastBasketballClinic@gmail.com

Ben Collins
WCCC Coordinator
207/242-3105
bcollins@wccc.me.edu

Please Bring:

- Basketball Sneakers (no outside shoes, please)
- Water/Sports Drink
- Snacks
- Positive Attitude
- Eagerness to Learn & Work Hard

Printed Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

****By signing this, you agree that all information provided is accurate/updated****

**MAINE COMMUNITY COLLEGE SYSTEM
CONSENT AND RELEASE FORM**

I, _____, hereby grant to _____
Community College ("College"), Maine Community College System ("System"), and their
respective employees and agents the right to photograph, videotape and/or record me, and to
use such videotape, picture, recording or other reproductions of my physical likeness in
connection with any College or System publication, website, advertisement, report, or other
presentation whose purpose is to promote a service of the College or System. Similarly, I grant
to the College and System, their employees and agents the right to reproduce for the same
purpose any recordings of my voice that accompany any such videotapes. Finally, by signing
this document, I hereby release and discharge the College and System, their employees and
agents from any and all actions, claims and demands that I might have in connection with such
use, and waive any and all rights to inspect or approve such photograph(s), videotapes and
recordings.

Signature: _____

Address: _____

Date: _____



