

CAMP REGISTRATION

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone # ____ - ____ - ____ (H or C)

Age of Camper _____

Years of Experience _____

Parent or Legal Guardian _____

Cell Phone _____

Work Phone _____

Email _____

Emergency Contact

Name _____

Phone # ____ - ____ - ____

Make Checks payable to:

Coach Clinton Simmons
13909 Smoketown Road
Woodbridge, VA 22192

*Registration forms can be dropped off at the CCA – please label Basketball camp

CCA

BASKETBALL

SUMMER CAMP 2018

June 18th -22nd

July 16th -20th

9 AM – 12:00 PM



BOYS AND GIRLS

ALL LEVELS ARE WELCOME

AGES 6 – 14

Registration Fee - \$125.00

****Register Early****

For more information contact:

Coach Clinton Simmons
manuptraining@gmail.com
571-259-3914 or
Ms. Rita Wiggins – rw_purple13@yahoo.com

703-906-3474



CAMP PROGRAM

The Christ Chapel Academy (CCA) Basketball Camp is designed to teach kids the fundamentals of the game of basketball in a safe and fun environment. Fundamentals include:

DEFENSE

OFFENSIVE MOVES

SHOOTING

BALL-HANDLING

PASSING

CAMP WAIVER

I understand I am financially responsible for any medical bills incurred by my child while at camp. I authorize the Coach Simmons and staff at the CCA Basketball Camp to act as they see fit in the event an emergency arises.

I hereby release and forever discharge Coach Simmons and the staff of the CCA Basketball Camp of and from any and all manner of actions, suits, damages, claims and demands on account of personal injury arising from my child's participation in the above listed activities.

Parents Signature

Date