

GHEORGHE MURESAN'S



FULL DAY CAMP

BOYS & GIRLS BASKETBALL CAMP – AGES 6-14

This program teaches new skills in a warm and fun atmosphere. Your child will build confidence on the court while improving his and her games! Each day will focus on a specific skill, including ball-handling, shooting, team play, speed drills & competitions, which are implemented daily to further develop all-around players.

AM Extended Care: 389991-B, E 7-9am \$35 PM Extended Care: 389992-B, E 3-6pm \$45

CO-ED Summer Vacation Camp

June 27-July 1

Mary Ellen Henderson Middle School

Falls Church, VA

9:00am-3:00pm

\$200R – \$210 NR

Activity #: 381207-B

Please call or e-mail us if you have any questions:

301-502-5195

WWW.GIANTBASKETBALL.COM

GBA_INFO@giantbasketball.com

BOYS Summer Vacation Camp

July-18 July-22

Mary Ellen Henderson Middle School

Falls Church, VA

9:00am-3:00pm

\$200 R—\$210 NR

Activity #: 381207-E

Household Registration Form

Please complete and return to: City of Falls Church Recreation and Parks, 223 Little Falls Street, Falls Church, VA 22046

Primary Household Last Name: _____ First Name: _____

Street Address: _____ City & State: _____ Zip: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Emergency Contact and Phone Number: _____

Email: _____ Cell Phone Number: (____) _____

() Special Assistance is needed for one or more individuals listed on registration.

Please Explain: _____

I understand that there may be risks inherent in any activity, including exercise, and I acknowledge that I have been advised to seek the advice of a medical doctor before I or my child participates in this program. I and my child agree to assume all risks of illness or injury resulting from participation in the program(s) noted above. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I and my child hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury directly resulting from my participation in this program.

Participant Signature: _____ Date: _____

(Signature of parent/guardian if under 18)

____ Check (Payable to "City of Falls Church") _____ Credit Card: circle- Visa, MasterCard, American Express, Discover Card

Credit Card Number: _____ Exp Date: _____

Card Holder Signature _____

Participant Name	Male/Female	Date of Birth	Activity Code	Activity Name	Waiver Initial	Activity Fee

Registrations can also be submitted in person, by calling 703-248-5027 or online at www.fallschurchva.gov