



## **CHICAGO SKY Basketball CAMP**

Where: WILMOT UNION HIGH SCHOOL

11112 308th Avenue, Wilmot, WI 53192

When: APRIL 17<sup>th</sup> & 18<sup>th</sup>
Time: 11-3

April 17th & 18th

11am – 3pm (1/2 hour lunch) pack a lunch
Cost \$185.00\* per player
Registration Deadline April 1st
Got Questions:

Call 262-620-1004 FAX 262-877-8511

Email: Destinyball@live.com

## **WHAT YOU GET**

8 Hours Professional Training
Chicago Sky T-Shirt
Chicago Sky Basketball
4 Any Time Tickets to Chicago Sky Game Summer 2010
GIRLS AGES 10-16

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## **CUT HERE and RETURN FORM**

If your daughter will be under the age of 18 while at our camp, it is policy to secure consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at any appropriate medical facility. By signing you are giving your consent in advance for medical treatment. Furthermore, as a participant in the camp, I hereby state that I am aware of and accept the risk inherent in the program activity. The above signed does hereby agree to hold harmless and indemnify The Chicago Sky, WNBA, VYA Wisconsin Destiny or Wilmot Union High School or their officers, agents and employees, from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. All campers are required to have their own medical insurance.

Parent Signature:		Date:		
Any Health Care Concerns w	re should be made aware of:			
		Make Check Payable To:		
Player Name:	AGE:	Mail To: Wisconsi	n Destiny	
Address:		517 N La	_ 517 N Lake Ave. Ste. A	
City: Sta				
Emergency Phone #:		Attn: WN	Attn: WNBA CAMP	
Parent Name:				
Parent Cell #:			CVC	
Number of Campers:		_		
Check #	EMAIL:			
******A \$25.00	late fee will be imposed	for payments received after	er 5pm on April 1 <sup>st</sup> .	