CAMP DATES

SESSION I

JUNE 20-23: “Little Terriers” HALF DAY CAMP
9 a.m. - noon
Boys and Girls 5-6 years
Cost: $135

JUNE 20-23: FULL DAY CAMP
9 a.m. - 3 p.m.
Boys and Girls 7-15 years
Cost: $230 (lunch provided)

Campers register in the Benjamin Johnson Arena on Monday, June 20 from 8:30 - 9 a.m.

SESSION II

AUGUST 8-11: “Little Terriers” HALF DAY CAMP
9 a.m. - noon
Boys and Girls 5-6 years
Cost: $135

AUGUST 8-11: FULL DAY CAMP
9 a.m. - 3 p.m.
Boys and Girls 7-15 years
Cost: $230 (lunch provided)

Campers register in the Benjamin Johnson Arena on Monday, August 8 from 8:30 - 9 a.m.

CAMP FEATURES

• Personal instruction from Wofford basketball coaches and players
• Free camp t-shirt
• Free camp gift
• Cutting-edge athletic facilities including play on Wofford’s parquet floor
• Daily snack
• 8-foot goals provided for younger age groups
• Daily work on fundamentals
• Adult supervision during all camps

A NOTE FROM COACH YOUNG:

Our staff has thoroughly enjoyed the past 25 summers working with you and your children. Last year we welcomed a capacity enrollment, and the response of the participants was overwhelmingly positive.

We teach fundamentals through team competition, group instruction and individual attention. By week’s end, we hope to instill not only a basic knowledge of the game, but a love and enjoyment of the game as well. We try to foster positive self-image and want our campers to feel good about what they have accomplished.

FOR MORE INFORMATION

864-597-4456
864-597-4115

Open to any and all who meet the age requirements.

CAMPER MEDICAL INFORMATION

Please complete the following information about your child’s medical history and sign the release at the bottom. Write “yes” or “no” in each blank.

Is your child currently under treatment for any medical conditions or pre-existing conditions ________________
Explain ________________

Allergies ________________
Explain ________________

Is your child taking any medications? _____
Explain ________________

I hereby give my permission for my child to participate in the Mike Young Basketball Camp, LLC, at Wofford College and acknowledge the fact that he or she is physically able to participate in camp activities. I hereby authorize the staff of the Mike Young Basketball Camp, LLC, at Wofford College to act for me according to their best judgement in any emergency requiring medical attention for which services I will pay and release the Mike Young Basketball Camp, LLC, at Wofford College from any and all liability for any injuries or illnesses incurred while at camp.

Parent signature          Date

Name

Health Plan

Policy Number
2016 APPLICATION
MIKE YOUNG BASKETBALL CAMP
WOFFORD COLLEGE

CHECK SESSION(s):
___ Session I Half Day ($135)
___ Session I Full Day ($230, lunch provided)
___ Session II Half Day ($135)
___ Session II Full Day ($230, lunch provided)

Name_____________________________________
Address___________________________________
City _______________________________________
State __________ Zip _____________
Parent’s e-mail _____________________________
Phone _________________________________
School _________________________________
Grade next year _______ Age ____________
Height _____ Weight _______ Sex _______

Name and address of other interested campers
________________________________________
________________________________________
________________________________________

Parent or guardian signature
________________________________________

MAIL APPLICATION TO:
Coach Mike Young
Basketball Office, Wofford College
429 N. Church St., Spartanburg, SC 29303-3663

Mail with either full tuition of specified camp
or with $30 non-refundable deposit. Balance of tuition
due one week before registration. Enrollment is limited
and applications will be accepted in the order
in which they are received.