

# **Weeki Wachee High School Boys & Girls Youth Skills Camp June 23th – June 26th**

**9:00am -3:00pm**

*\* Gym Doors will open at 8:30am for camper drop-off \**

**Campers Ages 5 to entering the 8<sup>th</sup> Grade  
\$100 per camper**

**All Campers Receive A Camp T-Shirt  
Hosted by WWHS Football Coaches, Alumni, and  
Current Players.**

**Campers need to bring their own lunch daily. For an  
additional \$20 lunch will be provided for them.**

**\*\*Concessions will be available – CASH ONLY**

**Camp Highlights:**

- \*Ball Handling Skills
- \*Running Form
- \*Coach-ability
- \*Player Development

- \*Fundamentals on Speed and Agility
- \*Footwork
- \*Attitude

To register for the camp visit:

[Tinyurl.com/weekiskillscamp](http://Tinyurl.com/weekiskillscamp)

Or fill out and return this form to Coach Bland

**\*Sign up by June 1<sup>st</sup> to secure your T-shirt size\*\***

For more information email Coach Bland @ [Bland\\_j@hcsb.k12.fl.us](mailto:Bland_j@hcsb.k12.fl.us)

For more information or to confirm your spot email

**Head Coach Justin Bland @ bland\_j@hcsb.k12.fl.us**  
**APPLICATION FOR ENROLLMENT**

**Form can also be turned in with payment on the first day of camp June 23rd**

Camp fee is \$100

Payments are accepted in cash or make checks payable to: W.W.H.S.

There are no refunds for “no shows” or “withdrawing” from camp once it has started.

Return to: Justin Bland  
Weeki Wachee High School  
12150 Vespa Way  
Weeki Wachee, FL 34614  
352-797-7029

Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade going into: \_\_\_\_\_

School: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Liability Release and Permission Form**

**\*\*This form must be completed and returned by each participant before camp begins  
Monday, June 23<sup>rd</sup> 2025**

Camper's Name \_\_\_\_\_

The parent or guardian by signing this form gives consent to have his/her child participate in the Weeki Wachee High School Youth Skills Camp. The parents hereby release the coaches, Weeki Wachee HS, and the School Board of Hernando County from liability from accident, injury, sickness, etc. which may occur to and from the clinic and during the clinic. The parent/guardian or above name of individual understands that basketball can be a dangerous sport and activity. By signing this form, both child and parent/guardian understands that the possibility of injury does exist, and the release of the above mentioned parties from any legal responsibility in the case of injury incurred participating in the clinic, etc. I hereby give permission for emergency medical treatment to be administered to my child in the event of my absence or in event that I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Weeki Wachee High School  
12150 Vespa Way  
Weeki Wachee, FL 34614