

**JUNE 22-26**  
8:30am - 2:30pm

**REGISTER NOW**  
through June 2nd

# Girl Power!

## All day Sports Camp Just 4 Girls!

### FOR GIRLS AGES 7-12

Girl Power! is a five-day instructional program that teaches girls the fundamentals of soccer, basketball, lacrosse, volleyball and softball. The program is empowering, safe, spirited, and fun. It's about exposure to and instruction in several sports, and bonding with role models who share our passion. Our campers experience growth as an athlete and a person.

#### PROGRAM:

Instruction which accommodates the skill level of each camper and covers a wide range of sports and team building activities.

#### STRESSES:

Individual and group lessons; Total participation; Social interaction & Promotion of good sportsmanship.

#### FACILITIES:

Spartanburg High School Athletic Fields, gymnasium and Duncan Park

#### COACHES:

NYSCA Certified Educators and Coaches, current and former varsity and collegiate players

#### WHEN:

June 22 -26 - 8:30am - 2:30pm  
Register Now Through June 2nd

#### COST:

\$40 - Payable to the City of Spartanburg

#### FOR MORE INFORMATION:

James Rice: 562-4387  
Arland Woodruff: 596-3711

[cityofspartanburg.org/parks-and-recreation/athletics](http://cityofspartanburg.org/parks-and-recreation/athletics)



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### Authorized Liability Waiver

The undersign, being the parent or lawful guardian of \_\_\_\_\_,  
a minor age \_\_\_\_\_, with a date of birth of \_\_\_\_\_, do hereby agree and  
authorize participation in the City of Spartanburg Girl Power! Camp for June 22 - 26.

I agree and understand that the camp could involve risk or injury to my child. In that connection, I agree to indemnify, protect and hold harmless the City of Spartanburg Parks and Recreation Department and the City of Spartanburg, Spartanburg School District Seven and their respective agents, servants, employees, and Successors and assigns from all injury damages suffered by my child arising from their participation.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 2015

I know of no reason why my child should not participate in the activities

Student Name (print): \_\_\_\_\_

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

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

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

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Student Medication: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

Participant T-Shirt Size: \_\_\_\_\_