

# GHEORGHE MURESAN'S



## FULL DAY CAMP



### Ages 6-14 **BOYS & GIRLS CAMP**

#### THE GIANT BASKETBALL ACADEMY (GBA)

Former Washington Wizards and New Jersey Nets player Gheorghe Muresan and his coaches will teach the fundamentals of basketball. This camp will feature 1-on-1 skills, shooting, team play, defensive positioning, speed drills and competitions to further develop all-around players. (Ages 6-14 Coed) GBA is devoted to teaching the proper fundamentals of the game of basketball to boys and girls of all ages. GBA is excited to bring a professional experience to children. For more information call 703-777-0343.

#### #-1 Co-ed

##### Summer Vacation Camp

Location: Mercer MS, South Riding  
721133-01 \$164.00 CO-ED Ages 6-14  
M,W,Th,F July/3-July/7 8:30A- 3:00P

#### #-3 Co-ed

##### Summer Vacation Camp

Location: Belmont Ridge MS, Leesburg  
621799-03 \$205.00 CO-ED Ages 6-14  
M.,W,Th,F July/17-July/21 8:30A- 3:00P

#### #-2 Co-ed

##### Summer Vacation Camp

Location: Eagle Ridge MS, Ashburn, VA  
621799-02 \$205.00 CO-ED Ages 6-14  
M,Tu,W,Th,F, July/10-July/14 8:30A- 3:00P

*Please Call or Email Us  
If You Have Any*

*Questions:*

*301-502-5195*

*WWW.GIANTBASKETBALL.COM*

*gmuresan@giantbasketball.com*

#### Registration Form

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Rel. \_\_\_\_\_ (H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Rel. \_\_\_\_\_ (H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_

I request to register my child(ren) for the camps listed above, allow him/her to participate in all camp activities and understand the possible risks involved with this type of activity. I absolve the County of Loudoun, organizations jointly sponsoring the camps and owners of any camp site locations of any responsibility for any accident or injury to my child(ren) or caused by my child(ren) to others where neglect is not involved. Furthermore, I understand that Parks, Recreation and Community Services will not be responsible for my child(ren) when he/she is traveling to and from our activity via non-provide Loudoun County transportation. I understand that registration minimums will be assessed two weeks prior to the date a specific camp is offered to determine whether the camp will be held or not. Non-county residents will be assessed an additional 50% of the fee.

Parent or Guardian Name (printed) \_\_\_\_\_ Parents or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail application and check payable to: **County of Loudoun: 20145 Ashbrook Pl, Suite 170, Ashburn, VA 20147**  
OR use the PRCS WebTrac online registration system [www.loudoun.gov/webtrac](http://www.loudoun.gov/webtrac). Must have user ID and password.  
(If not, please call 703-777-0343). Sports Cancellation Line (703)777-0456 Website: [www.loudoun.gov/prcs](http://www.loudoun.gov/prcs)

**The location of CAMPS are subject to change**

**ADA Statement: Do you require a modification due to a disability? YES/ NO**