



Worcester & Lower Providence Township Parks & Rec present...  
*Winning Ways Basketball in Worcester*

@ Fairview Village Church (Eagleville, PA)  
*Where Every Child is a Winner!*

## **BASKETBALL SKILLS CLINICS**

*Offensive Skills instruction: shooting, passing  
& ball handling*

**Monday, February 15**  
*(Methacton Schools are Closed!)*

**Only \$25 for 1<sup>st</sup> child**  
**(10% discount for siblings)**

9am-11am Co-Ed, grades K-3  
11am-1pm, Girls, grades 4-8  
1pm-3pm, Boys, grades 4-8

Learn basic basketball fundamentals from Winning Ways  
Basketball...

*Building Character Through Sports!*

**Questions? Please call Worcester Township at 610-584-1410**  
Worcester & Lower Providence Townships Parks & Recreation in  
Partnership with... Winning Ways Basketball

Basketball Skills Clinic -Monday, February 15  
Fairview Village Church, 3044 W. Germantown Pike, Eagleville, PA 19403

Please return the completed registration form to:  
WORCESTER TOWNSHIP, P.O. Box 767, Worcester, PA 19490  
FAX: 610-584-8901

Name \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ 2009-10 Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver & Release: I understand that any camper who does not abide by the rules and regulations promulgated by the camp is subject to dismissal without reimbursement or recourse.  
Liability Waiver: I hereby authorize the Director of Winning Ways East, Inc., Fairview Village Church and Worcester Township or Lower Providence Township to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release, discharge and indemnify Worcester Township, Lower Providence Township, Fairview Village Church and Winning Ways East, Inc. camp staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of, or in connection with, my and/or my child's participation in the camp.

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please register my child for the following:**

- Monday February 15, 9-11am (coed, grades K-3), \$25
  - Monday February 15, 11am-1pm (Girls, grades 4-8), \$25
  - Monday February 15, 1-3pm (Boys, grades 4-8), \$25
- 10% discount for second and subsequent siblings**

**Payment Information:**

- \_\_\_ Check Enclosed (made payable to Worcester Township)
- \_\_\_ I will pay in person at the Township Building prior to event's start date
- \_\_\_ Visa/MasterCard Payment (Please complete below)

Name on Card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit security code from card back: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_