

# Willcox Youth Basketball Summer Camp

Dates: June 16 – 19, 2025 1:00 p.m. – 3:00 p.m.

Location: Willcox High School, 240 N. Bisbee, Willcox, AZ 85643

Grades: 1st – 8th Boys & Girls

Staffed by: Willcox High School Basketball Coach's and Players

## Program Features

Offensive Fundamentals  
Defensive Fundamentals  
Competitive game's  
Small Group Instruction  
T-Shirt for each participant

## What To Bring

Proper basketball shoes  
and attire  
Basketball  
Water

## Cost \$40

Please make checks payable to: WILLCOX BOYS BASKETBALL

Mail to: Attn: Farbod Safavi, 480 N. Bisbee, Willcox, AZ 85643

Contact Farbod Safavi at 520-903-7455 [Farbod.Safavi@WUSD13.org](mailto:Farbod.Safavi@WUSD13.org) if you have any questions.

**Space is limited. Register today! \*\* Mail Application below / Keep portion of flyer above for reference**

## REGISTRATION FORM

Name: \_\_\_\_\_ M:\_\_\_ F:\_\_\_ Grade:\_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Phone Contact During Camp: \_\_\_\_\_

Please note any impairment, which may affect your child's participation: \_\_\_\_\_

Adult T-shirt size: S M L XL XXL Youth T-shirt size: S M L XL

### Authorization for Emergency Medical Treatment

In case of a medical emergency or accidental injury concerning my child, I hereby authorize the camp officials to perform or obtain for the benefit of my child any emergency medical care they deem necessary. In my absence, I further authorize the camp officials to consent to any necessary x-ray examination, medical or diagnosis of treatment, and/or hospital care concerning my child.

(Parent or Guardian Signature – required)

(Parent or Guardian Printed Name)