

YOUTH BOYS BASKETBALL CAMP

JUNE 18-21

SKILLS AND SHOOTING CAMP

Grades 2 - 4 9:00-10:30 am (Central)
Grades 5 - 8 11:00-12:30 pm (Central)
COST: \$35

Camp Director Dave Mlachnik 414-841-6172



YOUTH GIRLS BASKETBALL CAMP

JUNE 11-14

SKILLS AND SHOOTING CAMP

Grades 2 - 4 9:00-10:30 am (Central)
Grades 5 - 8 11:00-12:30 pm (Central)
COST: \$35

Camp Director Christine Hansen 262-844-4132



YOUTH COED DIVING CAMP

For information or to register go to wawmrec.com or visit the West Allis/West Milwaukee Recreation Dept.
Camp Director Sandy Sikich

YOUTH FOOTBALL CAMP

JUNE 19-20

Grades 2- 8 5:00-7:00 pm (WAAC)
COST: \$35
Camp Director Steve Suhm 414-405-0094



YOUTH SOFTBALL CAMPS

MAY 19

(Rain date is July 15)

Grades 2 - 3 11:00-1:00 pm (Dorow Field)
Grades 4 - 5 1:00-3:00 pm (Dorow Field)
Grades 6 - 8 3:00-5:00 pm (Dorow Field)
COST: \$25

Camp Director Peter Nycz 414-803-2764



YOUTH BASEBALL CAMPS

APRIL 28

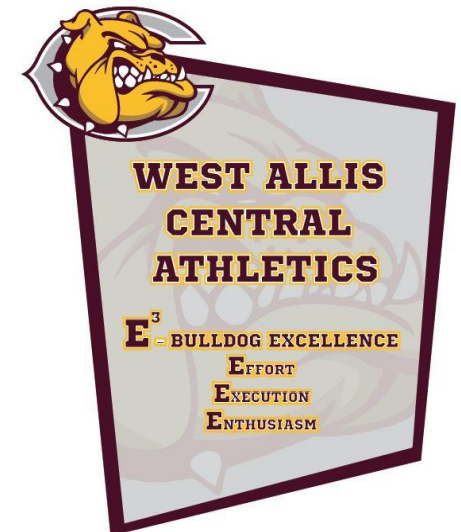
Grades 2 - 5 11:00-1:00 pm (WAAC)
Grades 5 - 8 1:00-3:00 pm (WAAC)
COST: \$25

Camp Director Dean Mlachnik 414-403-4632



2018

West Allis Central Bulldog Youth Summer Camps



MESSAGE FROM ATHLETIC DIRECTOR

West Allis Central Athletics would like to invite you to attend our Bulldog Youth Summer Camps! Coaching our youth camps will be our Bulldog Coaching staffs and current and past and Bulldog student-athletes!

Our youth summer camps will teach the fundamentals and techniques of the different sports. The main goal of our camps is to learn and have FUN! We are looking forward to providing you with a great experience!

Bulldog Youth Camps will be at these facilities:

West Allis Central E.H. Stech Fieldhouse

West Allis Central Wrestling Room

Bulldog Training Center

West Allis Athletic Complex Football Stadium

West Allis Athletic Complex Soccer Stadium

Dorow Field

Any questions regarding our Bulldog Youth Summer Camps please contact the Individual Sport Camp Director or contact Chip at mackenzieg@wawmsd.org or at 414-604-3118

YOUTH COED VOLLEYBALL CAMP

JULY 23-26

Grades 2 - 8 2:00-3:30 pm (Central)

Grades 9-12 4:00-6:00 pm (Central)

COST: \$25

Camp Director Gina Pernacciaro 815-997-7676



For all information on Bulldog Athletics visit

wacbulldogs.com

YOUTH WRESTLING CAMP

JULY 9-13

Grades 4K - 8 5:30-7:00 pm (Central)

COST: \$35

Camp Director Eric Vis 414-758-9359



YOUTH COED SOCCER CAMP

AUGUST 6-9

Grades 2 - 4 9:00-10:30 am (WAAC)

Grades 5 - 8 11:00-1:00 pm (WAAC)

COST: \$25

Camp Director Shon Hernandez 414-380-7200



YOUTH GOLF CAMP

JUNE 18-20

Grades 5 - 8 5:00-6:15 pm (Central)

COST: \$25

Camp Director Jim Dunham 414-405-0756



SIGN-UP INFORMATION

Name: _____

Date of Birth: _____ Grade: (2017-18) _____

Address: _____

City: _____ Zip Code: _____

Total Amount Due: _____ Cash or Credit Card

VISA or Mastercard # _____

Billing Zip Code: _____ Exp. _____

Circle Camp or Camps Attending:

Boys Basketball Camp (\$35) Girls Basketball Camp (\$35)

Girls Softball (\$25) Golf (\$25) Baseball (\$25)

Coed Soccer (\$25) Football (\$35)

Coed Wrestling (\$35) Coed Volleyball (\$25)

Send Payments To: **WAC Summer Camps**
Central High School
8516 West Lincoln Ave.
West Allis, WI 53227

PARENT WAIVER

I hereby grant permission for my son/daughter to participate in the WAC Youth Summer Camp(s). I agree to release and hold harmless the District and its agents, employees, or other personnel from liability from any and all loss or expense, including costs and attorneys' fees, for any damages caused by injury to my son/daughter or his/her property resulting from participating in the WAC Youth Summer Camps(s). I agree to indemnify the District for any and all loss, damages, or expenses, including costs and attorneys' fees, incurred by the District for any action commenced by me or my spouse, or for any action commenced by my son/daughter or on behalf of my son/daughter resulting from the participation in the WAC Youth Summer Camp(s).

My son/daughter is physically fit and able to participate in the WAC Summer Youth Camp(s) without limitations. Please list ANY limitations or physical problems your son/daughter may have such as allergies, asthma, etc.

Limitations: _____

Signature of Parent/Guardian: _____

Emergency Contact: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____