



TIM WINTER BASKETBALL CAMP

@ Bartram Trail High School
Rising 5th - 9th grade
2 sessions
Girls only

JUNE 13-16, 1:00 – 4:00 PM
JUNE 20-23, 8:30 – 11:30 AM

Daily contest winners, competitive drills, prizes, work directly with experienced coaches, current, and former Bartram Trail players. Come be a part of our Team!



Coach Winter's Lifetime in Basketball

Tim Winter is a graduate of Orange Park High School and went on to attend Flagler College on a basketball scholarship. During his time at Flagler, he served as a captain and is one of the all-time winningest players in the school's history. After graduation he was hired as an assistant coach at Flagler College and was a part of three Florida Sun Conference Championships and three national tournament appearances as a player and coach. He helped recruit four all-conference players and one All-American during his stint as a college coach. After coaching college, he decided to move to the high school game and return to Orange Park High School as the associate head coach, where in three years at Orange Park, the team compiled a record of 72-10 and won 3 district championships and 2 conference championships. He left Orange Park to take the head basketball job at St. Augustine High School where he coached for 10 seasons and won 2 district titles, earned 4 state playoff appearances, and won 2 conference championships. Recently he has assumed the role of head coach at Bartram Trail High School and in his first season won a conference championship and made a 7A state play-off appearance. He won over 170 games as a head coach and helped groom five Division 1 players and 22 college players in total. He is a 3-time St. Johns River Athletic Conference Coach of the Year and a two-time Jeff Holt Pursuing Victory with Honor award winner. Coach Winter loves basketball camp and is always excited to share his knowledge of the game, educate players on lessons he has learned, help make players better, and most importantly have fun.



Please email (email preferred), mail, or bring with you on the day of camp this registration form upon completion. Please note your spot will not be held unless payment in full is received before JUNE 10.

Mailing Address:

Winter Basketball Academy, LLC
110 Lambert Road
St. Johns, FL 32259

Camp Location:

Bartram Trail HS Gym
7399 Longleaf Pkwy
St. Johns, FL 32259

Email address - tim.winter@stjohns.k12.fl.us

Phone number – (904) 535-4619 (call or text)

Name of Participant _____ Age _____
Grade Level Completed _____ Current School _____
Name of Primary Parent/Guardian Contact _____
Street Address _____ City/State _____
Phone Number _____ Email _____
Secondary Contact _____
Phone Number _____
Name of friend(s) attending _____

Check the box that applies:

- \$150/week (Monday, June 13-Thursday, June 16 from 1:00 – 4:00 pm)
- \$150/week (Monday, June 20-Thursday, June 23 from 8:30 – 11:30 am)
- \$250/both weeks

***Note* You will email completed form to above email address.**

Payment Information

Payments must be received before June 10 to reserve your spot. (Limit to 30 participants each week)

Venmo App (preferred method of payment) – @WinterBasketballAcademy

Check - please make checks payable to Winter Basketball Academy, LLC and mail to the above address with this registration form before June 10.

Credit Card by phone (extra charges apply) – available upon request

Important Guidelines

- ✓ Players will be screened daily
- ✓ Players will bring their own water bottles (water fountains will not be accessible)
- ✓ Players who are not feeling well will be asked to stay home and not permitted in the facility (no refunds)

Health Screening Entry Form - Please circle yes or no to the following within the last 2 weeks. These questions will also be asked daily. If we have any suspicion of symptoms, we will turn the child away and ask parent/guardian to pick them up.

- Yes/No Testing for COVID-19.
- Yes/No A fever of 100.4 or higher or a sense of having a fever
- Yes/No A cough not connected to another health problem.
- Yes/No Shortness of breath not connected to another health problem
- Yes/No A sore throat not connected to another health problem
- Yes/No Diarrhea
- Yes/No Muscle aches not connected to another health problem
- Yes/No Does anyone in your household have COVID-19?
- Yes/No Have you had close personal contact with COVID-19?

WAIVER/RELEASE FOR COMMUNICABLE DISEASES LIKE COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Winter Basketball Academy, LLC athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of participant: _____ Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____