

# RHS MEN'S SUMMER HOOP CAMP

**Camp 1:** July 6–9, 2010, 9am–3pm

**Camp 2:** July 12–15, 2010, 9am–3pm

**Location:** Roosevelt High School

**Ages:** 4th–9th graders

Camps will be divided into 4–6th grade and 7–9th grade players.

**Cost:** \$130.00 per player if registration and payment are received before 5/31/2010.

\$150.00 for late registration and payment, after 6/1/10.

Both camps or registering a second kid at one camp: \$220 (early), \$250 (after 6/1/10).

**What to bring:** Lunch, water bottle, energy snack, extra socks and a sport towel.

**Pay camp fee by check: payable to RHS BBA**

**Remove this page from the program, or copy it, and mail to:**

**RHS Men's Hoop Camp, c/o Ona Treciokas, 10400 20th Ave NE., Seattle, 98125**

For Information call Ona Treciokas at 206-525-1571 or email: Orcafour@msn.com



## CAMP REGISTRATION

Player's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Select one of the following age groups:    \_\_\_\_ 4th–6th grade    \_\_\_\_ 7th–9th grade

### CONSENT AND WAIVER FORM

\*\*I/We, the parents/guardians of \_\_\_\_\_, hereby give our permission for the named player to participate in any and all RHS Men's Hoop Camp activities.

\*\*I/We understand that participation in basketball may result in serious injury. I/We do hereby waive, release, and agree to hold harmless the Seattle School District, its employees and coaches/representatives of the Roosevelt Boys Basketball Alliance.

\*\*In case of emergency, if the family physician cannot be reached, I hereby authorize my/our child to be treated by certified emergency personnel. Signed: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

\*\*In case of emergency, and parents/guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

By signing, I/We understand and agree to all provisions as outlined on both sides of this registration form; and understand that the medical release form is required prior to my/our child's participation in the RHS Men's Hoop Camp.

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

