

2024 Lady Hawks Basketball Camp

June 17th – 19th

The Lady Hawks Basketball Camp
Monday June 17th – Wednesday June 19th
Camp will be split in to two sessions:



- **Morning Session:** 8:00 – 11:00 AM ~ Incoming 2nd – 6th graders
- **Afternoon Session:** 12:00 – 3:00 PM ~ Incoming 7th – 9th graders

Camp will include an emphasis on fundamentals such as ball-handling, passing, shooting, & defense. There will be various skills contests (free throws, layups, knockout, dribbling, hot-shot, etc.) for the players to evaluate themselves as well as compete with their friends. We are looking forward to having a very fun and competitive camp.

Camp Cost: \$100 : Register DIGITALLY using the QR code above and send your payment to Lady Hawks Basketball at Heath High School attention Coach Anderson

* Registration is available for walk-ups the 1st day of camp. There will be a \$10 late fee for walk-ups.

*Please make checks payable to: **Lady Hawks Basketball** (can also bring the first day of Camp)

Registration Form & Release: **(Paper copy FOR WALK UPS ONLY)**

Camper Name: _____

Address: _____ Zip _____

Phone: _____ **INCOMING GRADE:** _____

Email: _____

Please Circle One → T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Please contact Chris Anderson – Head Girls Basketball Coach
with any questions

Email: chris.anderson@rockwallisd.org

PLEASE

PRINT



I (parent/guardian) _____ agree that (participant) _____ may participate in the Lady Hawks Basketball Camp. In consideration of participation in this camp, I agree on behalf of the above named child, his heirs and representatives to fully release, discharge, indemnify, and hold harmless Rockwall-Heath High School, its playing site and employees from any and all claims, demands, rights of action, present or future whether the same be known, anticipated, or unanticipated, resulting from or arising out of participation in this event. I hereby authorize in advance any necessary medical treatment required by the above named child while in attendance of this camp. I also acknowledge that I have/will notify the camp personnel of any special medical needs or information required by the above named child.

Parent Signature: _____ Date: _____

This is an RISD Approved Camp. Portions of the proceeds go towards an athletic fee.

Scholarships Available