**The 2024 Heath Boys Basketball Camp will be**

**2024 HEATH BOYS BASKETBALL CAMP JUNE 24th - 26th**

**\*\* NEW DATES**

**Monday through Wednesday, June 24th-26th**

Camp will be split in to two sessions:

* **Morning Session:** 9:00am -12:00pm **~ Incoming 7th – 9th graders**
	+ ***Players who wish to also attend the baseball camp will be ½ price***
* **Afternoon Session:** 1:30pm - 4:30pm **~ Incoming 3rd – 6th 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, dribble-king, hot-shot, etc.) for the players to evaluate themselves as well as compete with their friends. We are so excited to see everyone again! See you soon!!

Please contact Brad Waters – Head Boys Basketball Coach with any questions:

214-538-2622

Email: bradley.waters@rockwallisd.org

***Camp Cost: $100***

 **Please return this completed form and mail to:**

**Rockwall-Heath High School**

 **Attn: Boys Basketball**

 **801 Laurence Dr. Heath, TX 75032**

\* *Registration is also available for walk-ups the 1st day of camp.* ($10 late registration fee)

\**Please make checks payable to:* ***Heath Boys Basketball Camp***

 ***Registration Form & Release:***

Camper Name:

Address: Zip

Phone: ***INCOMING GRADE***:

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

PLEASE

PRINT

I (parent/guardian) agree that (participant)

may participate in the Rockwall-Heath Boys 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: