**ROCKWALL BOYS BASKETBALL CAMP 2024**

****

**Where:** Rockwall High School Gymnasium

**When:** June 3rd – 6th

**Time:** 9AM-12PM (7th-9th) & 1PM-4PM (3rd-6th)

**Cost:** $85.00 for Grades **Incoming** 3rd-9th **\*\*Walk-Ups $90.00\*\***

This camp will focus on individual skill development as well as team competition.

**(All Registration Will Be Mail In)**

Cut off bottom portion of the flyer and mail to:

**Quincy Williams, Rockwall High School, 901 W Yellow Jacket Ln**

**Rockwall, TX 75087**

**Make Checks Payable to Jacket Basketball Camp**

**Any questions call 469-698-7240 or email quincy.williams@rockwallisd.org**

**Camp Registration**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade Entering Fall 2024** \_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parents E-mail Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**  **Youth** **Adult**  S M L XL **Concession Bank** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_agree that (participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ may participate in the Rockwall 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 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_