



# SHARYLAND RATTLERS BASKETBALL CAMP HOOP IT UP CAMP



**WHAT?**

Summer basketball camp for all kids, ages 5 thru 14. All incoming 9<sup>th</sup> graders are encouraged to attend. Emphasis will be on the development of basic skills of each athlete, as well as the importance of team play and sportsmanship.

**WHEN?**

**June 2nd - June 5th**, Monday thru Thursday, 8:30 am – 11:30 am. Breakfast at 8 am and lunch at 11:30 am will be provided at no cost to all campers. (High School Cafeteria)

**NOTE:**

The camp will be conducted by Sharyland High School and Junior High Basketball coaches, as well as other coaches from around the Rio Grande Valley and the state of Texas.

**REGISTRATION INFORMATION:**

To pre-register your camper, you can now **PAY ONLINE** at [Sharylandisd.org](http://Sharylandisd.org), or come by the Sharyland High School Athletic Office between the hours of 9:00 AM – 11:30 AM and 1:30 PM – 5:00 PM Monday thru Friday starting April 28, 2014. You may also register your camper starting at 7:30 am the day of the camp. Cost is \$50.00 per camper, which includes a T-shirt and basketball. Trophies will also be awarded to campers who excel in various competitions held during camp hours.

**QUESTIONS?:** Call or email Coach David Keith – (956) 432-8207 - [dkeith@sharylandisd.org](mailto:dkeith@sharylandisd.org)

## Camper Information

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**T-SHIRT: YM, YL , AS , AM , AL , AXL (Circle One)**

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMERGENCY PHONE** \_\_\_\_\_

**GRADE (FALL 2014)** \_\_\_\_\_

**RECEIPT: Online (CC) \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_**

**I waive and release the Sharyland Hoop It Up Basketball Camp and its workers from any and all liability from injury or illness incurred during transportation to camp, while attending camp or while returning home from camp. I as parent/guardian have actual knowledge and appreciation of the program and hereby voluntarily consent to said minor's participation and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(MAKE CHECKS PAYABLE SHARYLAND B.B.A.)**