

McCALLUM SUMMER BASKETBALL CAMP!

****Monday, July 10, 2017 - Thursday, July 13, 2017**

- **9:00 am to 12:00 (noon) for campers entering 6th, 7th, 8th, and 9th grades.**

McCallum's Basketball Coach Fuentes and the McCallum men's basketball team will be hosting a basketball camp for **boys and girls**. The camp will include instruction on **basketball fundamentals, training stations, 3 on 3, and scrimmaging**. Basketballs will be provided by McCallum High School.

The registration fee for the camp will be \$90 per participant and \$70/2nd sibling if submitted by May 10, 2017. After May 10th, the fee will increase to \$100 per camper and \$75/2nd sibling. No refunds on camp fees. Drinks will be available at an additional charge. Participants are required to provide their own transportation to and from camp. Participants should also provide their own basketball shoes. **You may register by completing this registration form and returning it to David Spradling, Camp Co-coordinator, by July 3, 2017.** You may also register the day of the camp if space is available. Thank You.

*****We will reserve the right to add a second session from 1 pm to 4 pm if registration warrants two separate camp sessions.***

Student's Name _____ 2016-2017 Grade _____

Mailing Address _____

Parent's Name _____ Parent's Cell Number _____

Parent's Email _____

Home Phone _____ Parent's Work Number _____

Emergency Contact Name _____ Emergency Contact Number _____

Registration Fee \$ _____ Camp Bank \$ _____ Total Amount of Check \$ _____

Waiver of Liability – I, as a parent or guardian, hereby give permission for my child to participate in the McCallum High School Men's Summer Basketball Camp scheduled for July 10-July 13, 2017. I acknowledge that he is physically able to participate in all camp activities that have been described in the information above. I hereby release and forever discharge McCallum High School, Austin Independent School District, its employees, agents and contractors, in both their public and private capacities from any/all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with any camp activities. I also give my permission for any emergency medical care that may be required as a result of any injury.

Parent's Signature _____ Date _____

Payment Information: Please make checks payable to: McCallum High School

Mail to: McCallum Men's Basketball, David Spradling, 3704 Greenway, Austin, TX 78705

Questions? Contact - Basketball Camp Coordinator at 512-739-4899. Email: diezeit13@yahoo.com