

2019 SHINER PREMIUM HOOPS

10th Annual SUMMER BASKETBALL CAMP

WHEN: JUNE 3rd ,4th ,5th (Mon., Tues., Wed.)

TIME: 8:30am - 10:00am

WHERE: Shiner High School Gym

WHO: Boys Entering Grades 4th ,5th ,6th ,7th ,8th

COST: \$40

Contact: Coach Rehak (979) 743-5479

***All Campers will receive a Camp T-shirt at the end of camp.**

CAMP DESCRIPTION:

1. Fundamental skills of the game of basketball will be taught through repetitive and competitive drills.
2. Dress: Please wear court appropriate shoes, shorts or sweats, and a t-shirt daily.
3. Drinks: Water breaks will be provided, but campers are encouraged to bring Sports Drinks if they wish.
4. Please arrange to be picked up on time.

Interested campers should attach the entry fee (Make checks payable to Jordan Rehak) to the Camper's Information/Release page and RETURN IT BY Wednesday, MAY 22nd at school or mail:

Coach Jordan Rehak
1907 Alamo Drive
Shiner, Texas 77984



* Any forms received after the due date cannot be Guaranteed a shirt.



2019 Shiner Basketball Camper Information Sheet

Name: _____

Address: _____

City: _____ Zip: _____

Current Age: _____ Grade Next Year: _____

Circle T-Shirt Size: Youth S M L Adult S M L XL XXL

Mother's Name: _____ Father's Name: _____

Daytime Phone: _____ Daytime Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Doctor Name and Phone: _____

Please list any medical conditions that the basketball camp staff should be aware of:

Medical Release

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby wave and release the camp staff from any and all liability for any injuries or illness incurred while at camp.

I have no knowledge of any medical problems or physical impairment that would be affected by the below named camper's participation in the camp program as outlined on the camp information sheet.

The on-site certified coach and the nearest medical facility are hereby authorized to render primary medical care to my son during the camp.

Assumption of Risk/Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____,
Hereby acknowledge that the forenamed child is covered by medical insurance as follows:

Insured: _____ Company: _____ Policy #: _____

It is further understood that SISD, or anyone associated with putting on the camp does not provide medical insurance covering any nature or illnesses that may take place during the 2019 basketball camp. The undersigned hereby release SISD and all staff of the camp from any and all claims, demands and causes of action resulting from participation of the forenamed child in the 2019 Shiner Basketball Camp.

Parent/Guardian Signature: _____ Date: _____

Please return this page with appropriate camp fee to Coach Jordan Rehak by May 22nd, 2019