CATHOLIC HIGH ROCKET
BASKETBALL CAMP
June1-June 4, 2021

Catholic High School will hold its summer basketball camp for <u>boys entering the 4th through 9th grades</u>, again this summer. Fourth, fifth and sixth graders will attend the morning session from 9:00 a.m. to 11:30 a.m. Seventh, eighth and ninth graders will attend from 12:30 p.m. to 3:00 p.m.

Boys will receive instructions on the basic fundamentals of basketball as well as competing in individual contests and team competition. Awards will be given for individual achievement and each camper will receive a camp t-shirt.

Instruction will be provided by Catholic High School coaches. Also helping will be former and present Rocket team members.

**For more information, call Todd Ezzi at 664-3939
Email questions to <u>toddezzi@lrchs.org</u>**

**4th ● 5th ● 6th Grades
9:00 to 11:30 am
Catholic High School Gym**

**7th ● 8th ● 9th Grades
12:30 to 3:00 pm
Catholic High School Gym**

Rocket Basketball Camp
**Detach and mail application to:
Rocket Basketball Camp
c/o Todd Ezzi
6300 Father Tribou Street
Little Rock, AR 72205**

Player Name_____

Parent Name_____Cell_____

Email(print)_____@_____

Emergency Number_____Cell_____

Grade (Fall 2021)_____School_____

T-SHIRT SIZE: Youth**S   YM   YL   YXL   A**dult**S   AM   AL   AXL**
Circle One

REGISTRATION
Early Bird— $135
After MAY 15, 2021 - $150

$135 Early Bird

$150 After 5/15/2021

Assumption or Risk/Release of Liability

We as parents or guardians of the named camper hereby grant permission for him to participate in the Rocket Basketball Camp and acknowledge the fact that he is physically able to participate in camp activities. We hereby release the camp and its employees from all claims from injury or illnesses which may be sustained by our son, and authorize the director or his designee to select hospital facilities and/or physician of his choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending the Rocket Basketball Camp.

Signed_____
(Parent or Guardian)

Insurance Company_____

Name of Insured_____

Group Number_____ Member Number_____

(release must be returned with application)