

# CATHOLIC HIGH ROCKET BASKETBALL CAMP August 10-12, 2020

Catholic High School will hold its summer basketball camp for boys entering the 4th through 9th grades, 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 [rocketcamp@hotmail.com](mailto:rocketcamp@hotmail.com)

**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 2020) \_\_\_\_\_ School \_\_\_\_\_

**T-SHIRT SIZE:** Y<sup>outh</sup>S YM YL YXL Ad<sup>ult</sup>S AM AL AXL  
*Circle One*

### REGISTRATION

Early Bird— \$100  
After July 15, 2020 - \$125

**\$135 Early Bird**  
**\$150 After 7/15/2020**

### 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)