

CATHOLIC HIGH ROCKET BASKETBALL CAMP May 30-June 2, 2017

Catholic High School will hold its summer basketball camp for boys entering the 4th through 9th grades, again this summer. Fourth, 5th and 6th graders will attend the morning session from 9:00 a.m. to 11:30 am. Seventh, 8th and 9th graders will attend from 12:30 p.m. to 3:00 pm.

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 Todd Ezzi, Keegan Doan, Matt Morris, and Tim Glancy. Also helping will be former and present Rocket team members.

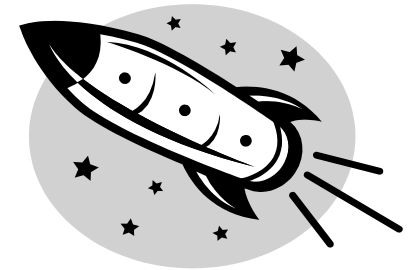
For more information, call Tim Ezzi at 663-4085 or 664-3939
Email questions to rocketcamp@hotmail.com

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 Tim Ezzi
6300 Father Tribou Street
Little Rock, AR 72205



Name _____
Parents _____
Address _____
City/State/Zip _____
Home Phone _____ Cell _____
Emergency Number _____
Grade (Fall 2017) _____ School _____

T-SHIRT SIZE: Youth - S M L XL Adult - S M L XL
(circle one)

REGISTRATION DEADLINE

MAY 18, 2017 - Space is limited

CAMP FEE
\$125.00

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)