

2009 Roughrider Girls Hoop Camp

June 22nd – 25th 2009

Four Full days of Full on camp for players entering grades 4th through 9th

Lead by the Roosevelt High School Coaching Staff:

Varsity Head Coach Gregg Kalina will be assisted by his staff as well as all of the Roosevelt girls Varsity and JV Players
Sponsored by the Roosevelt Girls Basketball Alliance



Camp Goals

Play hard, learn teamwork, and have fun. Sessions will cover skill-building, *FUNDAMENTALS*, and drills for shooting, passing, dribbling, rebounding, screening, and *Roughrider Defense*. Competitive scrimmages.

Camp Details

All skill levels are welcome. **Location: Roosevelt High Gym, 1410 NE 66th St. Seattle.**

Four Full days from 9:00 – 4:00. Each player will get a camp T-shirt.

Bring: water bottle, lunch, energy snacks, small towel, and extra socks.

Registration Information

Cost: \$125.00 (Scholarships available by request and based on need)

See registration Form on back of this flyer.

Request information or pdf of registration form at RHScamp@gmail.com

Or call: Monte Krog 206- 525-1073 or David Dobson 206-755-9055

REGISTRATION FORM:

Last Name _____ First Name _____ DOB: ___/___/___

School: _____ Grade: _____

Address: _____

Parent (A) Name: _____ Home #: _____ Work #: _____

Cell# _____

Parent (B) Name: _____ Home #: _____ Work #: _____

Cell# _____

Email(s): _____

-- Consent and Waiver --

I/We, the parent(s)/legal guardian(s) of the named player, hereby give my/our permission for the named player to participate in any and all Roughrider Hoop Camp activities. I/We understand that participation in basketball may result in serious injuries and that nothing can prevent all injuries to players. I/We do hereby waive, release and agree to hold harmless the Seattle School District, its employees and representatives; the staff of Roughrider Hoop Camp; the Roosevelt Girls Basketball Alliance as well as its members and officers; and player participants from any claim arising out of injury to my/our child, whether the result of negligence or any other cause. I/We understand that players are expected to exhibit good sportsmanship and abide by camp rules including, but not limited to, showing respectful behavior towards staff and other players at all times, and following staff instructions.

In case of emergency, if the family physician cannot be timely reached, I/We hereby authorize my/our child to be treated by Certified Emergency Personnel (e.g., EMT, First Responder, E.R. physician).

Family Physician: _____ Phone: _____

Address: _____ Hospital Preference: _____

Health Insurance Carrier: _____ Plan #: _____

In case of emergency, and parent(s)/Guardian(s) cannot be reached, contact:

Name: _____ Phone: _____ Relationship: _____

By signing, I/we understand, and agree, to all provisions set forth on this registration form. I/we also understand and agree that this signed form is required prior to my/our child participating in Roughrider Hoop Camp.

Parent (A) printed: _____ Signature _____ Date: _____

Parent (B) printed: _____ Signature _____ Date: _____

Make check in the amount of \$125.00 payable to "RHS Girls Basketball"

Mail registration and check to: "RHS Girls Basketball", 6022 29th Ave NE, Seattle WA 98115

Request additional pdf of registration form at RHScamp@gmail.com

Or call: Monte Krog 206- 525-1073 or David Dobson 206-755-9055