



Junior Redskins Basketball Camp



Where: Rush Springs High School Gym

Who: Girls and Boys entering grades 3rd–8th

When: May 29–June 1, 2018 8:30–11:00 am

Cost: \$40 (make checks out to RS Schools)

–includes Camp T–shirt

Skills Covered at Camp:

- Basic Fundamentals
- Shooting Mechanics
- Defense
- Ball Handling

Camp Awards:

Upper Division Boys and Girls (6th–8th) and Lower Division Boys and Girls (3rd–5th)

- Camper of the Week
- Hustle Award
- Hot Shot Champion
- Free Throw Champion
- 3 Point Champion (Upper Division only)

Contact with Questions:

Jennifer Burch

405.630.7436

jburch@rushsprings.k12.ok.us

Mail Registration to:

Jennifer Burch % RSHS

PO BOX 308

Rush Springs, OK 73082

You can also turn in registration form to your school office or bring on first day of camp.

Payment due on first day of camp.

Camper Name _____ Grade (next year) _____

Parent Name _____ Phone Number _____

T–Shirt Size (circle one)

YM YL AS AM AL AXL

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____

Parent/Guardian's name: _____

I, _____, grant permission for my child, _____, to participate in the Junior Redskin Basketball Camp. This activity will take place under the guidance and direction of school employees and/or volunteers from Rush Springs Public Schools

A brief description of the activity follows:

Type of event: Sport Camp

Location(s): Rush Springs High School

Individuals in charge: RS Girls' Coaches

Duration of activity May 29-June 1, 2018

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Rush Springs Schools, its officers, directors and agents, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection Therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name/relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Special Medical Conditions that the coaching staff should be aware of: _____