# 2015 ROOS Boys' Basketball Camp June 22nd-25th

# Time and Place:

June 22-25 (Mon.-Thurs.) At the High School Gym

Session I: 9:30 am – Noon Incoming 7<sup>th</sup> – 9<sup>th</sup> Graders Cost: \$80

Session II: 1:00 pm – 3:00 pm Incoming 2<sup>nd</sup> – 6<sup>th</sup> Graders Cost: \$60





#### Camp Fee Includes:

- Gym usage fee
- Camp T-Shirt
- Contest Awards

# What to Bring:

- Practice Clothes (shorts, t-shirt, non-marking athletic shoes)
- Money for concession stand-there will be breaks to buy food & drinks
- o A GREAT ATTITUDE!!!

# Camp Staff

The camp staff will consist of Junior High and High School basketball coaches from the Weatherford School District.

### Roo Basketball Camp Philosophy

Focus will primarily include fundamentals on passing, dribbling, shooting, and footwork skills and team concepts involving offense and defense. We expect each camper to gain a greater knowledge of positions, techniques, offense, defense, and of course love for the sport along with added self-confidence.

# Registration will only be at the door. Faculty kids will be \$40 for Session I and \$30 for Session II. Please bring staff ID to registration to receive that price.

All campers please bring this form and your cash or check made out to <u>*Charles Tatum*</u>. For more information email assistant Coach Coffman at <u>jcoffman@weatherfordisd.com</u>

### **\*\*\*Camp fee is non-refundable\*\*\***

### **Please Print:**

Camper's Name:	Grade for 2015-16 school year:					
Session attending:	T-Shirt size (circle one): YS	YM	YL	AS	AM	AL
Parent/Guardian (print)						
Address						
Phone						
Emergency Phone (if different)						

**Waiver of Claims:** I, as a parent or legal guardian, hereby give permission for my child to participate in the WHS Basketball Camp, and acknowledge the fact that he is physically able to participate in activities. I hereby authorize the camp staff to act for me accordingly to their best judgment in any emergency requiring medical attention. I fully understand that I will be responsible for any cost (through family medical insurance or otherwise) required due to sickness or injury to my son. I hereby waive any claim I might have against the coaching staff and/or Weatherford Independent School District.

Parent/Guardian Signature: