

## ***Rochester Zebra 2017 Youth Basketball Camp***

**DATE:** Monday, Tuesday, Thursday – May 22, 23, 25

**TIMES:** Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> grade 4-5pm  
3<sup>rd</sup>, 4<sup>th</sup> 5<sup>th</sup> grade 5-6pm

**LOCATION:** Rochester High School Auxiliary Gymnasium  
Enter/exit using doors facing football field

**COST:** \$20 Each player will receive a t-shirt.  
Make checks payable to Rochester Boys Basketball.  
Please return the bottom half of this page and money to your school office. ***Registrations will be accepted on the first night of camp.***

**PURPOSE:** The purpose of the camp is to improve basketball skills and overall knowledge of the game using drills, games, and scrimmages. There will be an emphasis on ball handling and shooting.

**QUESTIONS:** Head Coach Rob Malchow 223-2176, ext. 4208 (school)

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**REGISTRATION FORM** ***REGISTRATION DEADLINE IS MONDAY, MAY 22<sup>ND</sup>.***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt size (Circle one): Youth: 6-8 10-12 14-16 Adult: Small Medium Large

Parent/Guardian Names: \_\_\_\_\_

Name(s) of Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INSURANCE DISCLAIMER:** I/We the parents/guardians of \_\_\_\_\_ (child's name) candidate for a position at a camp in the Rochester Girls Youth Basketball Program, hereby give my/our approval for my/our child's participation in any and all RGYB activities. Rochester Community Schools provides accident coverage for all school supervised and sponsored activities. An accident is defined as an unexpected, sudden and definable event which is the direct cause of bodily injury, independent of any illness or congenital. This plan is excess coverage and payment is made only after payment has been made by the primary carrier. If you are a member of an HMP/PPO, the proper procedures outlined by that plan must be followed before this coverage has any liability. A \$100 deductible is applied to each claim after the contribution by your primary insurance.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_