

## **TCH Camp For Champs**

*[Basketball fundamentals camp for boys 5-14 years old and girls 7-14 years old]*

**May 28-31, 2018**      **[Monday-Thursday]**      **9:00-12:00**

**Cost:**                      \$125 (Contact Coach Dueitt about special rates for middle school basketball teams)

**Coaches :**                      Jake Dueitt

**Camp Features**              **Daily Fundamentals and Competitive Shooting Drills**  
**Free Throw & Hot Shot Competition**  
**Mikan Lay-Ups**  
**3 on 3 games**

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### **Registration Information**

**RETURN TO:** Jake Dueitt, 139 Teurlings Drive, Lafayette, LA 70501

**Make Checks Payable to:** Jake Dueitt

**Information:** [jdueitt@tchs.net](mailto:jdueitt@tchs.net) or 278-9407

Camper's Name \_\_\_\_\_ Camper's School \_\_\_\_\_

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

T-Shirt size (circle one) YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade(August 2018) \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ cell \_\_\_\_\_

Additional emergency contact \_\_\_\_\_ cell \_\_\_\_\_

Family email address \_\_\_\_\_

Any medical restrictions \_\_\_\_\_

### Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the Rebel Sports Camps and its instructors. Recognizing the possibility of physical injury associated with sports and in consideration for the Rebel Sports Camps accepting the registrant for its summer programs and activities, I hereby release, discharge and/or otherwise indemnify the Rebel Sports Camps, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of field and facilities utilized for the program against any claim by or on behalf of the registrant's participation in the Camp and/or being transported to or from the same, which transportation I hereby authorize. I also grant permission for Rebel Sports Camps officials to authorize medical treatment for registrant in the event of any emergency in which I cannot be contacted.

X

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Parent/Guardian Signature      Date