



# REBEL BASKETBALL - THANKSGIVING CAMP -

## FUNDAMENTALS CAMP

- WHO:** Boys (Ages 5-13) Girls (Ages 7-13)
- WHERE:** Teurlings Catholic High School - Gym  
139 Teurlings Drive  
Lafayette, LA 70501
- WHEN:** November 27-28, 2020  
Friday - Saturday / 9:00AM -12:00PM
- COST:** \$70  
(Cash or Checks Payable to Jake Dueitt)  
(Payment may be also made to Venmo - @Jake-Dueitt)
- FOCUS:**
- Daily fundamentals
  - Competitive shooting drills
  - Free throw and hot shot competition
  - Mikan lay-ups
  - 3 on 3 games

## REGISTRATION INFORMATION

*Due to limited spots for camp - please register prior to camp*

### Camp for Champs

Attn: Jake Dueitt, 139 Teurlings Drive, Lafayette, LA 70501  
(Cash or Checks Payable to Jake Dueitt)  
(Payment may be also made to Venmo - @Jake-Dueitt)

For more information call 337-278-9407 or email:

[jdueitt@tchs.net](mailto:jdueitt@tchs.net)

## PLEASE COMPLETE, DETACH, AND RETURN THE FOLLOWING:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Medical Restrictions \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (Current School Year) \_\_\_\_\_

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.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_