



REBEL BASKETBALL CAMP FOR CHAMPS - 2022

FUNDAMENTALS CAMP

WHO:

Boys (Ages 5 - 14)

WHEN:

May 30, 31 & June 1, 2022

Mon - Wed / 9:00AM -12:00PM

COST:

\$100

WHERE:

Teurlings Catholic High School Gym

FOCUS:

- Daily fundamentals
- Competitive shooting drills
- Free throw and hot shot competition
- Mikan lay-ups
- 3 on 3 games

SHOOTING CAMP

WHO:

Boys (Ages 9 - 14)

WHEN:

May 30 & 31, 2022

Mon & Tues / 12:30PM -2:00PM

COST:

\$50

WHERE:

Teurlings Catholic High School Gym

FOCUS:

- Shooting

FUNDAMENTALS & SHOOTING CAMP

COST: \$150

REGISTRATION INFORMATION

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

PLEASE COMPLETE, DETACH, AND RETURN THE FOLLOWING:

(Check One Below)

FUNDAMENTALS CAMP

SHOOTING CAMP

BOTH CAMPS

Camper's Name: _____ Camper's School: _____

Address: _____ City: _____ Zip: _____

In Case of Emergency Contact _____ Cell # _____

Email: _____

Medical Restrictions _____

Sex _____ Age _____ Birth Date _____ Grade (August 2022) _____

T-Shirt size: Youth: S (6-8) M (10-12) L (14-16) Adult: S M L XL

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: _____