



McCALLUM SUMMER BASKETBALL CAMP

Monday, July 9, 2018 - Thursday, July 12, 2018

9:00am - 12:00pm for Boys/Girls entering 6th, 7th, 8th, & 9th grade

McCallum's Varsity Basketball Coach Daniel Fuentes and the McCallum men's basketball team will be hosting a basketball camp for boys and girls at the McCallum gym. The camp will include **basketball fundamentals, training stations, 3 on 3, and scrimmaging.**

The registration fee for the camp is \$90 per participant and \$70/2nd sibling if submitted by May 25, 2018. After May 25th, the fee increases to \$100 per camper and \$75/2nd sibling. No refunds on camp fees. A concession stand will be available to purchase drinks/snacks. Participants must provide their own transportation to /from camp and their own basketball shoes. Basketballs will be provided by McCallum High School. **Register by completing this registration form and returning it to David Spradling, Treasurer, by July 3, 2018.** You may also register the day of the camp if space is available.

*** Please note that an afternoon session from 1 pm- 4 pm may be added if registration warrants two camp sessions.***

Student's Name _____ 2018-2019 Grade _____

Mailing Address _____

Parent's Name _____ Parent's Cell Number _____

Parent's Email _____

Home Phone _____ Parent's Work Number _____

Emergency Contact Name _____ Emergency Contact Number _____

Check Amount \$ _____

Waiver of Liability – I, as a parent or guardian, hereby give permission for my child to participate in the McCallum High School Men's Summer Basketball Camp scheduled for July 9-July 12, 2018. I acknowledge that he/she is physically able to participate in all camp activities that have been described in the information above. I hereby release and forever discharge McCallum High School, Austin Independent School District, its employees, agents and contractors, in both their public and private capacities from any/all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with any camp activities. I also give my permission for any emergency medical care that may be required as a result of any injury.

Parent's Signature _____ Date _____

Payment Information: Please make checks payable to: McCallum High School
Mail to: McCallum Basketball, David Spradling, 2702 Cascade Dr., Austin, TX 78757
Questions? Contact – Shannon at 512-750-4303. Email: Shannon@thegraydongroup.com