

# RB BASKETBALL CAMP REGISTRATION

I will be enrolling the following camper for: (please check appropriate box)

- Camp #1 (grades K-5) JULY 8-11 (8am - 12pm)
- Camp #2 (grades 6-8) JULY 15-18 (8am - 12pm)

## PLAYER PROFILE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Alt Tel: \_\_\_\_\_

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

Medical Condition: \_\_\_\_\_

T-shirt Size:  YS  YM  YL  S  M  L  XL

Camp Director: Marc Bayshore, RBHS Head Boys' Basketball Coach  
Coaching Staff: RBHS Varsity Players  
Contact Info: mbayshore@powayusd.com

## CAMP SCHEDULE:

- 8:00am: Check-in & Warm-up
- 8:15am: Gameplan for Day
- 8:30am: Skills Stations
- 9:30am: Coaching Strategy
- 10:30am: Defense/Offense Drills  
Individual Position Drills
- 11:30am: Team Competitions
- 12:00pm: Dismiss

PARENTAL/GUARDIAN PERMISSION: I hereby authorize the staff of RB Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release RB Basketball Camp, its coaches, director, and staff from any and all liability for any injuries or illness incurred while at camp. Any expense arising from injury or illness is the responsibility of the person signing below. The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury, and the undersigned assumes this risk and releases RB Basketball Camp, Poway Unified School District, and Rancho Bernardo High School from any and all liability for personal injury arising out of the applicant's participation in the camp program.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date