

# RHS EAGLES BASKETBALL CAMP

## 5<sup>th</sup>-9<sup>th</sup> GRADES Boys & Girls



**JUNE 8<sup>th</sup>-11<sup>th</sup>, 2009**  
**9:00AM-NOON**  
**RICHARDSON HIGH SCHOOL GYM**

- Improve basic, **FUND**amental basketball skills
- Learn individual and team offensive weapons.
- Learn about teamwork, sportsmanship, and personal character.
- Get out of the heat & have some fun!

**EQUIPMENT:** Good attitude, tennis shoes, water (or other drink)

**COACHES:** Experienced RHS coaching staff and former players will  
Conduct the camp and lead the players.

**COST:** \$60 before 5/23/09; \$75 after 5/23/09. Make checks payable to  
Kate Goldberg.

**MAIL TO:** Coach Kate Goldberg, RHS, 1250 Beltline Road,  
Richardson, TX 75080

**QUESTIONS:** [kate.goldberg@risd.org](mailto:kate.goldberg@risd.org)

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Cut on line and return to the address above

**T-Shirt Size** (Adult Sizes) Small\_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_

Athlete Name: \_\_\_\_\_ School (2009) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Grade (2009-2010) \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

I hereby consent to having my child participate in the Richardson Basketball Camp. I understand that there are physical risks involved in such participation, and that it is the responsibility of each participant to engage in only those activities for which he has the necessary participation and skills. I certify that my child is medically fit to participate in the camp and hereby authorize the camp coaches to act for me according to their best judgment in an emergency requiring medical attention for my child.

I also understand that the Richardson Basketball Camp does not carry accident or health insurance of any type. My child plays at his own risk if he is not covered by my accident or medical health insurance plan through private or group sources. Neither Richardson's Basketball Camp or Richardson ISD is responsible if my child is playing without insurance protection described above

**Signature of Parent/ Guardian:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_