

RBMS Sports Camp

June 19-22



Schedule

Boys/Girls Basketball

8:00-11:30

Volleyball

or Football

12:00-3:30



Grades

K-8

STAFF

Basketball: Andy LaFevor, David Green

Volleyball: Melanie Carter

Football: Andy LaFevor, David Green,
Randy Munn

To the Parents

We at RBMS feel strongly about our athletic programs and teaching fundamentals of the game. We would like to do an instructional camp based on fundamentals and developing a love and passion for the game. We are offering a Summer Camp for Grades K-8 for anyone interested in learning and having fun. This is a great opportunity for your child to love the game and have fun developing some skills. The week will require hard work and will be instructional, yet fun and enjoyable.

General Info

The camp is designed for students in Grades K-8 that have an interest in sports and want to develop some basic fundamentals or extend their skill set. These camps will be held at RBMS June 19-22, Basketball will be from 8:00-11:30 and Volleyball or Football will be from 12:00-3:30. All campers will be supervised during the camp times. Campers should wear comfortable workout clothes and tennis shoes. Campers may be dropped off 30 min before camp times and a concession stand will be open during the lunch break 11:30-12:00.

Cost

\$50-Each Session

Registration and money are due by Thursday, June 8 to get a camp T-Shirt. You may pay the first day of camp but will not be guaranteed a T-Shirt. You can bring the money by the school, or contact Coach Green. Green_David@hcde.org 423-874-1908 Ex. 2228

Checks Payable to RBMS

Name _____

Age _____

Address _____

Phone _____

Present School _____

Circle Which Camp(s) you will attend:

Session 1 (8:00-11:30)

Boys' Basketball or Girls' Basketball

Session 2 (12:00-3:30)

Volleyball or Football

Shirt Sizes: (Youth and Adult Available) _____

Amount Enclosed: _____

(\$10 discount off the total price of each sibling if you are registering siblings)

Please complete the following form and return to Coach Green ASAP

SUMMER CAMP
Registration and Permission
To be completed by parent/guardian and student

STUDENT INFORMATION

Name _____ School _____ Grade _____ Age _____

PARENT/GUARDIAN INFORMATION

Name _____

Home Phone _____ Work Phone _____ Mobile _____

Parent/Guardian Address _____

Student Address If Different _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone(s) _____

Name _____ Phone(s) _____

MEDICAL INFORMATION

Takes Medication (Name And Dosage) _____

Health Problems Heart Seizures Blood Sugar Disorders Allergies Asthma

(Please Provide Documentation Regarding Any Of The Above Health Problems)

Other (Explain) _____

MEDICAL INSURANCE INFORMATION

Policy number _____

Company Name _____

Company Address _____

The camp sponsors are required to have supplemental medical insurance for each participant.

I/we the undersigned, hereby grant permission for _____
to participate in this summer camp program. Child's name

I/we do hereby release from any and all liability and hereby hold harmless all school personnel for personal injury, property or other type of loss that occurs as a result of this activity.

I/we further authorize the camp organizers to seek, arrange for and use our medical insurance listed above to pay for emergency medical care, hospitalization or surgery that may become necessary for my child during this activity. I/we hereby assume all financial responsibility for the cost of medical services for my child during this summer camp.

The summer camp staff will make every reasonable effort to properly supervise, control, and render safe all activities in the program described above.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

Parent/Guardian Signature

Date