

# 2024



## UNION BOYS SUMMER BASKETBALL CAMPS GRADES 7TH - 9TH



Visit: [www.unionps.org](http://www.unionps.org)  
Activities  
Athletics  
Sports Camps

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Fundamental Instruction  
One-on-One contests  
Free-throw contests  
Hot Shot contests  
Full-court games

Giveaways  
Camp awards  
Concessions  
Camp bank

# **CAMP INFORMATION**

## **Skill Development Camp**

June 3-6  
Grades 7 - 9 (Fall '24)  
1:00 - 4:00 - 8th Grade Center  
\$80.00 (Includes T-shirt + Ball)  
\$75.00 Early Bird Reg. by May 17th

## **Team Camp**

June 10-12  
Grades 8 - 9 (Fall '24)  
2:00 - 4:00 - 8th Grade Center  
\$55.00 (Includes T-shirt)  
\$50.00 Early Bird Reg. by May 17th

**Note:**  
Team camp is open to all athletes grades 8-9. Team camp is designed to instill the philosophy of the Union Boys basketball program as well as to develop player-coach relationships for the future.



For more information contact  
**Coach Garcia**  
**918-760-1352**  
**garcia.rudy@unionps.org**

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### **CAMP DIRECTOR: RUDY GARCIA** **Union Boys Basketball Head Coach**

Having completed his twenty-ninth year as head coach of the Union Boy's Basketball, Rudy Garcia has compiled a record of 593-175, including twenty-two (22) State Tournament appearances and won the state title in 2004, 2012, and 2014. Coach Garcia believes that how students perform in the classroom is a direct reflection of their success on the court.

The Camp Staff includes varsity assistant coaches and Union players.

# **CAMP APPLICATION**

Name \_\_\_\_\_

Grade (Fall of '24) \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

# **CAMP REGISTRATION**

\_\_\_\_ Skills Camp (7th-9th)      \_\_\_\_ Team Camp (8th-9th)      Men's T-Shirt Size: \_\_\_S\_\_\_M\_\_\_L\_\_\_XL

\_\_\_\_ Enclosed full payment      \_\_\_\_ Enclosed \$20.00 deposit

\*Balance due on first day of camp

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### **PARENTAL CONSENT AND RELEASE FOR EMERGENCY TREATMENT.**

I hereby release the Director of this camp and all those associated with it from claims on account of any injuries incurred to my child while attending camp. I give permission for my child to receive emergency medical care in the event that I am unavailable.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to minor

**Please make checks payable to  
Rudy Garcia**

**PLEASE NOTE:** Deposits for camps are non-refundable with the balance of fees due on arrival of camp.

**Mail this portion of the application form and all fees to:**  
Coach Rudy Garcia  
11953 S 88th E Ave  
Bixby, OK 74008