

# Rice Consolidated Basketball Camp

**Turn in by Thursday, May 23rd to get a T-Shirt**

Turn in at the front office of your school.

**Camp Fee: \$20**

Camper Name: \_\_\_\_\_

**Checks Payable to:**

Age: \_\_\_\_\_

**Rice Consolidated Athletics**

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**June 17 - 20**

**9:00 am to 11:00 am**

**Check in: 8:30am - 9:00am**

**T-Shirt Size:** \_\_\_\_\_

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## **Waiver / Proof of Insurance**

I, \_\_\_\_\_ hereby authorize the camp staff to act for me, according to their judgment, in any emergency requiring medical attention and hereby waive and release Texas Triumph and Rice Consolidated Independent School District from any and all liability for any injuries or illnesses incurred while attending camp. I have no knowledge of any medical problems or physical impairments that would affect \_\_\_\_\_ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. I acknowledge that I have read and understand the waiver policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please make sure your child brings their own water bottle.

**For more Information Contact: [rbeal@riceraiders.com](mailto:rbeal@riceraiders.com) or [jhunter@riceraiders.net](mailto:jhunter@riceraiders.net)**