



2026 SUMMER BASKETBALL CAMPS AT

MOUNT VERNON NAZARENE UNIVERSITY

DATE & TIME: June 22-25 and/or July 13-16.

Each day of camp will run from 9am-3:30pm, with doors opening at 8:30am daily.

CAMP DESCRIPTION The 11th annual RULECougar Summer Basketball Camps will feature two different weeks (M-Th) of FUN and excellent skill instruction for **boys and girls entering grades 3rd-10th**. Each camper will receive a T-shirt and a camp ball.

REGISTRATION Registration is due by Monday, June 15 and July 6, respectively. Late registrants will be accepted for an additional \$15 charge. Register by:

1. Visiting rulecougarcamps.com (6% convenience fee) or
2. Sending the registration form (below) with **check payable to "RULECougar Camps"** to:
MVNU Men's Basketball Office, 800 Martinsburg Road, Mount Vernon, OH 43050

CAMP FEES & DISCOUNTS \$175 per athlete.

- Campers attending both weeks of Day Camp can attend for \$310 (\$30 discount).
- Families sending more than one camper can receive a \$25 discount for each additional camper.
 - *Those wishing to take advantage of any camp savings above MUST submit a hardcopy registration.*

QUESTIONS? Visit rulecougarcamps.com | Contact Jared Ronai at rulecougarcamps@gmail.com or 740-506-1061

Athlete Name: _____ **Age:** _____ **Grade in Fall 2026:** _____

Shirt Size (Circle One): **YS** **YM** **YL** **YXL** **S** **M** **L** **XL**

Parent/Guardian Name: _____ **Emergency Phone:** _____

Parent/Guardian Email Address: _____

Desired Camp: June 22-25 (\$175) July 13-16 (\$175) Both June 22-25 & July 13-16 (\$310, \$30 discount)

AMOUNT ENCLOSED: _____

PARENT CONSENT I hereby authorize the staff of RULECougar Camps LLC to act for me, according to their best judgment, in an emergency situation. I also release and forever discharge any and all rights and claims for damages against a staff member of RULECougar Camps. My child is physically fit to participate in the activities of the clinic, according to our family physician. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I also give my permission to use any photographs taken for any publicity, copyright purposes, illustration, advertising and web content. I further understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature (REQUIRED): _____