



# REBEL BASKETBALL - THANKSGIVING CAMP -

## FUNDAMENTALS CAMP

**WHO:**

Boys (Ages 5-13)

**WHEN:**

November 22 - 24, 2021

Monday - Wednesday / 9:00AM - 12:00PM

**COST:** \$100

*\$20 team discount for team of 6 or more*

*Cash / Checks Payable to Jake Dueitt / Venmo - @Jake-Dueitt*

**WHERE:**

George Dupuis Recreation Center

1212 E Pont Des Mouton Rd

Lafayette, LA 70507

**FOCUS:**

- Daily fundamentals
- Competitive shooting drills
- Free throw and hot shot competition
- Mikan lay-ups
- 3 on 3 games

## REGISTRATION INFORMATION

**Camp for Champs**

Attn: Jake Dueitt, 139 Teurlings Drive, Lafayette, LA 70501

*Cash / Checks Payable to Jake Dueitt / Venmo - @Jake-Dueitt*

**For more information call 337-278-9407**

**or email: [jdueitt@tchs.net](mailto:jdueitt@tchs.net)**

### PLEASE COMPLETE, DETACH, AND RETURN THE FOLLOWING:

Camper's Name: \_\_\_\_\_ Camper's School: \_\_\_\_\_

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

In Case of Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_

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

Medical Restrictions \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (Current School Year) \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the Rebel Sports Camps and its instructors. Recognizing the possibility of physical injury associated with sports and in consideration for the Rebel Sports Camps accepting the registrant for its summer programs and activities, I hereby release, discharge and/or otherwise indemnify the Rebel Sports Camps, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of field and facilities utilized for the program against any claim by or on behalf of the registrant's participation in the Camp and/or being transported to or from the same, which transportation I hereby authorize. I also grant permission for Rebel Sports Camps officials to authorize medical treatment for registrant in the event of any emergency in which I cannot be contacted.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_