

2023 Rocket Girls Summer Basketball Camp

'23-'24 Grade	Cost	Time	Gym	Dates	
4 th – 5 th	\$30	2:30 – 4pm	Dakota	July	24,25,26,27
6 th – 10 th	\$150	4 – 5:30pm	Dakota	June	12,13,14,15/19,20,21,22/26,27,28,29
				July	10,11,12,13/17,18,19,20/24,25,26,27
V/JV	\$175 (Includes Tuesday Night League)	4 – 6pm (Player Camp & Team Camp)	Dakota	June	12,13,14,15/19,20,21,22/26,27,28,29
				July	10,11,12,13/17,18,19,20/24,25,26,27
Tuesday Night League V/JV			Tuesday evenings in June and July <i>More details to come</i>		

Check should accompany this registration. *Return by May 26th

Make check out to: "JMGBB" and mail to:

Coach Joshua Derr
6400 Summit Pointe Rd. NW
Rochester, MN 55901

For Schedule Changes or Announcements...

Follow us on Twitter: @JMGBB1

Website: www.johnmarshallrockets.org

*You may also bring the registration form and payment the 1st day of camp, but please email joshuaallanderr@gmail.com ASAP with the player's name, grade, and t-shirt size.

Note: Fill out one registration form for each player you are registering.
RETURN BELOW

Grade (2023-24 School Year) _____

(PRINT PLAYERS NAME)

By signing below, I attest that my player is physically fit and able to participate in the Rocket Girls Basketball Summer Camp. I am aware that there are risks of injury and illness involved in any type of sport or recreational activity. By signing this waiver form, I agree to release the coaches, the Rochester Public Schools, its employees, and volunteers from any and all injury, illness or damages that may occur while my child is participating in or at camp, tournaments, scrimmages, leagues or any camp activity. I understand that I am responsible for all medical treatment resulting from any injury or illness incurred.

By signing this form, I verify that my child is covered by medical insurance.

DATE: _____

PARENT/GUARDIAN SIGNATURE _____

Telephone #: _____ Email: _____

T-Shirt size (circle one) Adult: Small Medium Large XL