

2023 Jim Daly Summer Basketball Camp

23-24 Grade	Cost	Time	Gym	Dates	
3 rd - 6 th	\$155	11:30 - 1:00pm	Dakota Middle	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
7 th - 9 th	\$155	10:00 -11:30am	Dakota Middle	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
10 th - 12 th	\$155	8:00 – 10:00am	Dakota Middle	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

Check should accompany registration. * Please mail registration to John Marshall High School 1510 14th St NW Rochester, MN 55901: Attention: Coach Daly. Checks should be made out to "JM Boys Basketball." Please return by May 24th.

I understand that there will be conflicts throughout summer with other activities. I don't expect everyone to make all the above dates, however, I wanted to provide as many dates for instruction at a very affordable price.

For Schedule Changes or Announcements,
check the webpage
www.johnmarshallrockets.org

RETURN BELOW

Grade 2023-24 School Year _____

(PRINT PLAYERS NAME)

By signing below, I attest that my son is physically fit and able to participate in the Jim Daly 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 Jim Daly, 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 Youth: large