

2019 Phil Schroeder Girls Summer Basketball Camp

Grades	Cost	Time	Gym	Dates	
5 th -6 th	\$50.00	12-1:30pm	JM	June	3,4,5,6,7
7 th -9 th	\$150.00	1:30-3pm	JM	June	3,4,5,6
		1-2:30pm	JM	June	10,12,17,19,24,26
		2:30-4pm	JM	June	11,18,25
		2-3:30pm	Century	July	8,10,15,17,22,24,29,31
V/JV	*\$200.00	3-5:00pm	JM	June	3,4,5,6
	(Includes Tue.Night League & Eagle Bluff)	1-2:30pm	JM	June	11,18,25
		2:30-4:30pm	JM	June	10,12,17,19,24,26
		1:30-3pm	Century	July	8,9,10,15,16,17,22,23,24,29,30,31
		All Day		June	13 th (Eagle Bluff)

Refer a Friend Discount Offer!

Sign up a friend who did not play basketball this past winter season and both you and your friend will receive a \$25 discount on your camp registration fee.

Valid for players going into grades 5th – 8th only.

Check should accompany this registration. **Return or Mail (by May 15th)**

Make check out to:

"JMGBB"

Coach Phil Schroeder

JM High School

1510 14th St. NW Rochester, MN 55901

For Schedule Changes or Announcements

Visit:

www.johnmarshallrockets.org

(Athletic Teams - Girls Basketball)

***V & JV Players can deduct \$75.00 if they sign up for the JM Summer Performance Program**

(Make your check out for \$125.00 if you plan on signing up for the Summer Performance Program)

Registration for Summer Performance Program will be posted on the JM Athletic Website at a later date.

Please Note: Fill out one Registration Form for Each Player you are registering

RETURN BELOW

Grade 2019-20 school year _____

(PRINT PLAYERS NAME)

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

I referred (name): _____

(\$25 will be refunded if your referral signs up)

Mail refund to (Address): _____

I was referred by (name): _____

Deduct \$25.00 on your registration fee if you qualify for the referral discount.