



June 2020 "In The Zone" Basketball Camp

Location: Campo Verde High School, Gilbert, AZ

Player Name: _____

School: _____ Age _____ Grade (next year) _____

Parent / Legal Guardian Name (Print) _____

cell# _____ Parent email (Print) _____

10th - 12th grade Basketball Camp Time: 8:00am - 10:00am

10th - 12th grade Strength Camp Time: 10:00-10:30am

5th - 9th grade Basketball Camp Time: 9:00am - 10:30am

Attention: The dates and availability of this camp may change depending on the guidance we receive from the district and state related to COVID-19.

Check the camp you would like to participate in

_____ Basketball Camp Only June 15-18, June 22-25 Total: \$50

_____ Basketball & Strength Camp (9th-12th only) June 15-18, June 22-25 Total: \$100

Please make checks Payable to: *In The Zone*

Existing injury or medical condition that would prohibit any basketball activity? Yes ___ No ___
If yes, explain

As a condition precedent to participating in the Coyote Basketball Camps, I, as the parent and/or legal guardian _____, agree to maintain health insurance for my son/daughter while he/she participates in this clinic. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance.

Parent or Guardian Signature _____ Date _____

Questions contact: michele.matthews@gilbertschools.net