



**ST. ANNE'S ROCKETS  
BASKETBALL CAMP  
SUMMER 2010**  
sponsored by  
St. Anne's Booster Club

**CAMP DATES:** **MONDAY, AUGUST 9 THRU SATURDAY, AUGUST 14, 2010**  
Attendance is limited to students enrolled at St. Anne's in grades 4-8 for 2010-2011.  
Sessions are divided by age groups.

**SCHEDULE:**

Monday, August 9 - Friday, August 13	
10:30-12:00 N	Grade 4 BOYS and GIRLS
12:00N-2:00PM	Grades 5 & 6 GIRLS
2:00PM-4:00PM	Grades 5 & 6 BOYS
4:00PM-6:00PM	Grades 7 & 8 GIRLS
7:30PM-9:30PM	Grades 7 & 8 BOYS

Saturday, August 14  
8:00AM – 1:00 PM  
\* Team Tournaments \* Pizza Party \* Awards and Prizes \*

**CAMP LOCATION:** St. Anne's Gymnasium

**CAMP FEATURES:**

- \*\*St. Anne's coaching staff will run the camp.
- \*\*Emphasis is on improving individual skills at all levels.
- \*\*Individual instructions and drills.
- \*\*Supervised games.
- \*\*Hot Shot shooting contest.
- \*\*Free Throw shooting contest.
- \*\*Tournament competition.
- \*\*Camp tee shirts for all participants.
- \*\*Individual awards and prizes.
- \*\*Closing pizza party.



## ROCKETS' BASKETBALL SUMMER 2010 CAMP APPLICATION

Name: \_\_\_\_\_

Boy ( ) Girl ( ) Age as of 7/1/10: \_\_\_\_\_ Grade entering in fall 2010 \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CAMP FEE: Grades 4-8: \$40.00** for 1 child, **\$75.00** for 2 children, **\$100.00** for 3 or more children.  
**Grade 4: \$ 25.00** per fourth grader.

( ) I am enclosing the Camp fee (checks payable to St. Anne's Booster Club).

( ) I will pay Camp fee at check-in.

**APPLICATION MUST BE MAILED BY TUESDAY, AUGUST 3, 2010**

**MAIL APPLICATION TO:**       ROCKETS BASKETBALL CAMP  
  c/o Tony Capra  
  10963 W. 84<sup>th</sup> Pl.  
  Arvada, Colorado 80005

**NOTE: Registration at the door will be accepted but only on a space-available basis. Please try to pre-register so everyone can be accommodated.**

**QUESTIONS?** Please call Eddie Navarro 303-420-6845 or Tony Capra 303-423-4466

**COACHES NEEDED!** Please call Eddie or Tony at the numbers listed above if you are interested in being a camp coach.

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### CONSENT AND RELEASE

This is to certify that \_\_\_\_\_, (birth date \_\_\_\_\_) has my permission to participate in the Rockets Basketball Camp. I understand that participation will involve vigorous activity and that any participation in practice or games related to the type of sport activity might cause an injury to my child.

Should my child be injured, please notify me at \_\_\_\_\_.

If I cannot be reached, please call \_\_\_\_\_ at \_\_\_\_\_  
(relation to child \_\_\_\_\_).

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any special facts or medical limitations about your child that we should know (i.e., asthmatic, diabetic, allergic, etc.)? Please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The financial responsibility for securing care of athletic injuries is a matter between the parent and the treating health care professional or hospital of the parents' selection. Shrine of St. Anne's School, Booster Club, or individual who may be associated with these groups, do not assume any financial responsibility for the treatment of any injuries that might occur as a result of participation in this basketball camp.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_