# 2009 Southern Indiana Basketball Camps

# Rodney Watson
# Head Basketball Coach

## BOYS' BASKETBALL TEAM CAMPS

- **HIGH SCHOOL TEAM CAMP** — JULY 17-19 — $210/camper
  VARSITY & JV DIVISIONS-10 games guaranteed (INCLUDES LODGING/MEALS)

  REGISTRATION/CHECK IN (FRI, JULY 17, 11AM) — $250 DAILY TEAM RATE (NO MEALS OR LODGING)

- **JR HIGH TEAM CAMP** — JULY 26-28 — $170/CAMPER (INCLUDES LODGING/MEALS)
  7TH & 8TH GRADE DIVISIONS
  REGISTRATION/CHECK IN (SUN, JULY 26, NOON) — $130/CAMPER - COMMUTER (LUNCH & DINNER)

- **SKILLS CAMP** — JULY 13 — $35
  ENTERING 5TH THROUGH 12TH GRADES
  MONDAY 9 AM TO NOON

***Please call (812) 465-1639 for further information***

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RODNEY WATSON BASKETBALL CAMP APPLICATION

MAKE CHECKS PAYABLE TO: RODNEY WATSON BASKETBALL CAMP

SEND REGISTRATION FORM & DEPOSIT TO: RODNEY WATSON, 8600 UNIVERSITY BLVD, EVANSVILLE, IN 47712

ENCLOSED IS A CHECK FOR: ☐ SKILLS CAMP JULY 13 ☐ HIGH SCHOOL TEAM CAMP JULY 17-19 ☐ JR HIGH TEAM CAMP

NAME_____ (FIRST / LAST) GRADE NEXT YR____ AGE____ HT____ WT____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

Parents_____ Home/Cell_____

SCHOOL_____ COACH_____ HOME/CELL_____

SIGNATURE_____

PARENTAL RELEASE

I HEREBY AUTHORIZE THE USI BASKETBALL CAMP STAFF TO ACT FOR ME, ACCORDING TO THEIR BEST JUDGMENT IN ANY MEDICAL EMERGENCY AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY AND/OR ILLNESS TO MY SON WHILE ATTENDING CAMP. I DO UNDERSTAND MY INSURANCE WILL BE PRIMARY.

THE CAMP PROVIDES SECONDARY INSURANCE. EACH CAMPER MUST HAVE PRIMARY INSURANCE TO PARTICIPATE. DATE:_____

SUBSCRIBERS NAME:_____ SIGNATURE:_____

INSURANCE CO. & POLICY #:_____

PARENT/GUARDIAN SOCIAL SECURITY #_____ CAMPER'S SSN:_____

CONTACT INFORMATION RODNEY WATSON E-MAIL: RJWATSON@USI.EDU