



## 2019 Owls Basketball Summer Camps

Skill drills, fundamental instruction, games, competitions - open to boys and girls  
Camp directors -Coach Dutton, Coach Steele, and invited instructors

### CAMP SCHEDULE

Dates	Ages	Times	Camp Focus	choice
June 10-13	1st -3rd grade	9-11:30 a.m.	Developing skills, contests	Yes No
June 24-27	1st -3rd grade	9-11:30 a.m.	Developing skills, contests	Yes No
June 10-13	4th-6th grade	1-3:30 p.m.	skills, contests, competition	Yes No
June 24-27	4th-6th grade	1-3:30 p.m.	skills, contests, competition	Yes No
June 17-20	7th-8th grade	9-11:30 a.m.	Skill development, competition	Yes No
June 18-20	9th-12th grade	1-3 p.m.	Team camp	Yes No
June 17 - \$10 each (Monday only)	7th -12th grade	1-3 p.m.	Guest coach Shooting Clinic	Yes No

Session Cost - single child - \$45 per player

(Multi-child and multi-camp discounts for pre-registration)

Checks payable to Covington ISD

Fee includes a camp t-shirt and a playground style basketball

Please complete the following registration form out and return to either Coach Charles Steele or Coach Phillip Dutton at Covington High School office, 501 N Main St, Covington, TX 76636. Walk-up registration will be accepted. For further information contact either Coach Dutton at 972-310-0187 or Coach Steele at 817-240-6126

Player Name: \_\_\_\_\_ Parent contact name: \_\_\_\_\_

Parent Contact cell phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Player address: \_\_\_\_\_

Player birthdate: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Boy Girl

T-shirt size (circle one):      YS    YL    S    M    L    XL    XXL

Players must supply their own athletic shoes designed for gym use, Basketballs will be provided.

Emergency acknowledgement: I authorize the camp personnel to act for me in case of any medical emergency. I understand I am responsible for all medical fees associated with any injury that may occur. My child is physically fit to participate in any vigorous activity that might take place at the Covington Owls Basketball Summer Camp. By my signature below, I hereby release and forever discharge, and waive any and all claims against Covington ISD, its employees, sponsors, trustees, workers, and volunteers that relate to my election regarding and/or my child's participation in the Covington Owls Basketball Summer Camp.

Parent/guardian signature: \_\_\_\_\_ Health Insurance Company name: \_\_\_\_\_