

# 2015 Spring Break back 2 the Basics Basketball Camp

Featuring

Head Clinician Gene Watts,

President/Owner of Team Ichiban

**Camp Location: Legacy Christian Academy  
8200 TX-105, Beaumont Texas 77713  
March 19-20, 2015 (2 Days)**

Session I: 8:30AM-12:00PM; Thursday and Friday

Session II: 1:00PM-4:30PM; Thursday and Friday

Camper's Name: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ School you attend: \_\_\_\_\_

### In Case of Emergency

Parent (s) Name (s): \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Emergency Contact/Phone#: \_\_\_\_\_

Please Circle T-shirt Size:

YS YM YL AS AM AL AXL AXXL

Lunch is not provided. Please send a snack, water or drink with your child. Campers must be picked up as follows:

Session I pick-up – 12Noon

Session II pick-up- 4:30 p.m.

My child \_\_\_\_\_ has permission to attend the camp for March 19-20, 2015. I agree not to hold Legacy Christian Academy, Head clinician, and coaching staff liable for any claim or damages due to injury incurred while participating in the camp. I will be responsible for any medical or other charges in connection with attendance to the camp. My child has had a physical examination within the past year and has been found fit to participate in all physical endeavors. I also authorize camper staff to secure emergency medical care for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All **pre-registered participants** will receive a camp T-shirt and all campers are encouraged to bring a ball only.

Questions: Please call 409-363-0835/409-791-5686/409-284-8153

Camper Fee \$50

**For more information concerning the camp and Gene watts visit:**

**[www.teamichiban.com](http://www.teamichiban.com)**

