



4th ANNUAL DIAMONDBACK GIRLS and BOYS BASKETBALL CAMP 2018

Camp given by Diamondback coaching staff and former Diamondback players. Camp for all incoming 1st- 9th grade Girls and Boys.

Camp sessions and costs— NO REFUNDS AFTER JUNE 4, 2018.

- ☐ June 4-7: **Girls Basketball** @ Pioneer High School Gym 9:00 am-12:00 pm \$50.00
☐ June 4-7 **Boys Basketball** @ Pioneer High School Gym 9:00 am- 12:00 pm \$50.00

FUNDAMENTALS (Dribbling, passing, shooting, defense, footwork), **TEACHING OF DRILLS TO TAKE HOME, 3 V 3 Tournament, COMPETITIVE GAMES, FUN!!!!**

****FREE BREAKFAST AND LUNCH PROVIDED FOR ALL CAMPERS**



***CAMP BALL GIVEN TO THE FIRST 75 GIRLS & 75 BOYS WHO REGISTER ***

****CAMP SHIRT WILL BE GIVEN TO ALL CAMPERS****

Come be a part of the exciting DIAMONDBACK BASKETBALL DYNASTY!!!

Girls Coach

For questions: **Coach Nicole Villarreal** 956-271-1600 ext.4131

or email at nvillarreal@sharylandisd.org

Please complete the information below and mail to:

Nicole Villarreal, PHS Girls Basketball Head Coach
10001 N. Shary Road, Mission, TX 78572

Boys Coach

For questions: **Coach Rene Gonzalez** 956-271-1600 ext.4147

or email at renegonzalez@sharylandisd.org

Please complete the information below and mail to:

Rene Gonzalez, PHS Boys Basketball Head Coach
10001 N. Shary Road, Mission, TX 78572

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PARENTAL RELEASE FORM: *(Please complete, sign and return with your registration fee. Checks made payable to PHS Girls Basketball or PHS Boys Basketball)*

Athlete's name _____ Grade you will be in 18/19 _____

What school? _____ Street Address _____

City _____ Zip _____ Email address _____

Cell phone # _____

T-SHIRT SIZE: (CIRCLE ONE) ADULT SIZES S M L XL

YOUTH SIZES 10-12 14-16

I certify that _____ has my permission to participate in the Pioneer High School Basketball Camp. I authorize the directors of the clinic to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Sharyland I.S.D and its employees from liability for injury. I know of no mental or physical problems, which may affect my child's ability to safely participate in this basketball clinic.

SIGNED PARENT SIGNATURE _____ PARENT CONTACT DURING CAMP _____ /Number _____

Online
registration
available