

6th ANNUAL DIAMONDBACK GIRLS and BOYS BASKETBALL CAMP 2019

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 3, 2019. **FUNDAMENTALS** (Dribbling, passing, June 3-6: Girls Basketball @ Pioneer High School Gym 9:00-12:00 pm \$50.00 shooting, defense, footwork), TEACHING OF June 3-6: Boys Basketball @ Pioneer High School Gym 9:00-12:00 pm \$50.00 DRILLS TO TAKE HOME, 3 V 3 Tournament, (Note: Lunch will be available in the Pioneer HS Cafeteria-Free of Charge) **COMPETITIVE GAMES, FUN!!!!** ***CAMP BALL GIVEN TO THE FIRST 100 GIRLS & 100 BOYS WHO REGISTER *** ***CAMP SHIRT WILL BE GIVEN TO ALL CAMPERS**** Come be a part of the exciting DIAMONDBACK BASKETBALL DYNASTY!!! **Girls Coach Boys Coach** For questions: Coach Nicole Villarreal 956-271-1600 ext.4131 For questions: Coach Rene Gonzalez 956-271-1600 ext.4147 or email at nvillarreal@sharylandisd.org or email at renegonzalez@sharylandisd.org Please complete the information below and mail to: Please complete the information below and mail to: Nicole Villarreal. PHS Girls Basketball Head Coach Rene Gonzalez, PHS Boys Basketball Head Coach 10001 N. Shary Road, Mission, TX 78572 10001 N. Shary Road, Mission, TX 78572 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 19/20 ______ Online registration What school? Street Address available

T-SHIRT SIZE: (CIRCLE ONE) ADULT SIZES: S M L XL YOUTH SIZES: YS, YM, YL

City _____ Zip ____ Email address_____

Cell phone # _____

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______