

I hereby authorize Tracy Public Schools, their employees, agents, and camp volunteers to act for me according to their best judgment in any emergency requiring medical attention. Also, I hereby waive and release Tracy Public Schools, their employees, agents, and camp volunteers from any and all liability for injuries, illnesses or loss of property incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the named camper participating in the clinic program as outlined. My signature on this waiver also states that the named camper is covered by my personal medical insurance policy.

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Camper Name

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Parent/Guardian Signature

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Date



# **Bulldog Summer Basketball Camp**

**Sponsored by Tracy High Girls'  
Basketball**

**Tracy High Youth Summer Camp**

**June 5 - 9, 2017**

**9:00 – 11:00 am**

**Incoming 4<sup>th</sup> – 6<sup>th</sup> grade boys and girls**

**June 5 - 9, 2017**

**11:30am – 1:30pm**

**Incoming 7<sup>h</sup> – 9<sup>th</sup> grade boys and girls**

*The Tracy High School Girls' Coaching Staff will give instruction. Players from our program will assist in the youth camp sessions as counselor/coaches.*

**Basketball Skills Taught**

Individual Defense  
Individual Offense  
Team Offense  
Team Defense  
Shooting  
Ball Handling

Competitive games and drills  
T-shirts, basketballs and other prizes  
will be given to all participants

**All Camps will be held in  
the Tracy High School  
Gymnasium**

**Girls' Varsity Coach**  
**Derek Solano**

**Assistants**

**Monique Gallardo**

**Cost Per Camper**  
**\$85.00**

**All proceeds will go to  
the Tracy High School  
Basketball.**

**Bulldog Basketball Camp**  
**Registration Form**

Camper Name(s)  
\_\_\_\_\_

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

Phone#: \_\_\_\_\_

Email \_\_\_\_\_

Grade in 2017 \_\_\_ M \_\_\_ F \_\_\_

T-shirt Size: (circle one)

Youth- S M L

Adult- S M L XL XXL

Camp Session: (circle one)  
4-6 7-9

Send check payable to:

**Tracy High School Girls'**  
**Basketball**

PO Box 458

Newman, CA 95360

For more information, contact  
Derek Solano at 830-3360  
ext.2284 or dsolano@tusd.net