

Kerry Rupp Satellite Basketball Camp

August 23, 2008

9 am – Noon and 1 pm – 4 pm

Name_____

Parents Name_____

Address_____

City_____ State_____ Zip_____

Emergency Phone _____

Coaches Name_____

School_____

In case of emergency, Kerry Rupp, Nikita Johnson, Rennie Bailey, Curtis Condie, or Cody Fueger has my permission to authorize medical attention by a physician for my son/daughter. I understand that I as a parent, am responsible for all medical bills not covered by insurance.

Signature:_____

Location: **Circle One**

Parkway H.S.

Simsboro H.S.

Minden H.S.

Jonesboro H.S.

Wossman H.S.

Registration will be start at 8:30 at the location you have circled.

Registration will be at the gym. Call Cody Fueger at (318) 257-5059 if you have any questions. Please call right away to secure your spot in the camp.

Mail your camp payment to:

Kerry Rupp Basketball Camp

PO Box 3186

Ruston, LA 71272