



2021
7th Annual
**Garrett's Gang
Basketball Camp**

*Sponsored by Batesville Chrysler and The Garrett Group
November 20 at Batesville High School*



We would like to invite any boy or girl currently between the ages of 12-22* to join us for Garrett's Gang Basketball Camp. All Special Needs are welcome and appreciated. The camp will be held at Batesville High School on November 20 from 10:00am-12:00pm. We will be in the new Auxiliary gym.

**we will accept campers over the age of 22 as space allows*

Our camp will offer instruction on basketball fundamentals stressing improvement, teamwork, and sportsmanship. The camp will be directed by the coaching staff and players from Batesville High School. The cost of the camp is absolutely free and includes instruction, camp T-Shirt, basketball and plenty of fun and excitement! I hope your son or daughter will take advantage of the opportunity to work with our players and experience Batesville Basketball. More importantly, it is my hope that your son or daughter will have a great experience and I know that it is a rewarding day for all involved. Parents are more than welcome to stay at the camp and even become involved.

Garrett's Gang Campers 2019-20



RETURN BY Friday, November 5

NAME _____ CURRENT GRADE _____

SCHOOL _____

SHIRT SIZE YOUTH : M L ADULT: S M L XL XXL (CIRCLE ONE)

EMAIL

ADDRESS _____

**Please include this to more easily communicate with you.*

PARENT'S NAME _____ PHONE _____

I desire to enroll in the 2021 Garrett's Gang Basketball Camp at Batesville High School. I understand that neither Batesville Schools, Chrysler of Batesville, the directors, nor anyone connected with the camp will assume responsibility for accidents, medical, dental or other expenses incurred as the result of accidents, sustained during, or as a result of, any course of instruction given to the applicant by the camp staff.

Parent's Signature _____ Date _____

Send REGISTRATION to :

Garrett's Gang Basketball Camp
Batesville Middle School
C/O Aaron Garrett
201 North Mulberry Batesville, IN 47006

Student Medical History

(To be completed by parent or guardian)

(Circle One)

- | | | |
|-----|----|---|
| Yes | No | 1. Has had serious injuries requiring medical attention. |
| Yes | No | 2. Is currently under a physician's care. |
| Yes | No | 3. Currently takes medication. |
| Yes | No | 4. Wears glasses (contact lenses - yes no) |
| Yes | No | 5. Has had surgical operation. |
| Yes | No | 6. Most recent tetanus toxoid immunization .. Date: _____ |
| Yes | No | 7. List known allergies: _____ |

Briefly Explain any Yes Answer .

For any Yes answer, does the child have a medical release? _____

Parent/Guardian Signature _____

Please list any information and/or comments that will help us make it a great day for your child: