



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.

- June 3-6: **Girls Basketball** @ Pioneer High School Gym 9:00-12:00 pm \$50.00
 - June 3-6: **Boys Basketball** @ Pioneer High School Gym 9:00-12:00 pm \$50.00
- (Note: Lunch will be available in the Pioneer HS Cafeteria-Free of Charge)

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

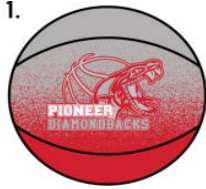
For questions: **Coach Nicole Villarreal** 956-271-1600 ext.4131
or email at nvillarreal@sharylandisd.org

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 rengonzalez@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 19/20 _____

What school? _____ Street Address _____

City _____ Zip _____ Email address _____

Cell phone # _____



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

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 _____