

2019

SOUTH TEXAS

ALL-STAR BASKETBALL

SPRING BREAK - March 11 - 15

CAMP 1 - JUNE 17 - 21

CAMP 2 - JULY 8 - 12

CAMP 3 - JULY 22 - 26



Morning Camp: (no meal)
8:00 a.m. - 12:00 noon \$150.00

Afternoon Camp: (no meal)
1:00 - 5:00 p.m. \$150.00

Day Camp: (includes lunch)
8:00 a.m. - 5:00 p.m. \$275.00

Discounts available for campers attending multiple camps
and for siblings attending the same camp

Register online at: www.stxallstarbasketball.com (additional processing fee)
or mail in attached form

Boys & Girls entering grades 1 - 12 are welcome at all camps!

We have 30 years of experience providing a fun week of skill improvement
for campers of all ages. Our coaches are the best at providing valuable skill lessons
that will benefit players of all skill levels. Please visit our website for more information!

Grades 1-6 Developing Fundamentals / Grades 7-12 Advanced Skill Development

Camp Locations:

- ◆ **Spring Break Camp**
Incarnate Word Academy High School
2920 S. Alameda St, Corpus Christi, TX
- ◆ **Summer Camps**
Incarnate Word Academy High School
Incarnate Word Academy Middle School

Camps features:

- ◆ 10 -1 Camper-coach ratio
- ◆ 2 -1 Camper-ball ratio
- ◆ Free camp T-shirt
- ◆ Experienced coaching staff
- ◆ Air-conditioned gym
- ◆ Snacks available for purchase

Specific information:
Camp Director: Doug Nichols / 361-739-2251
stxallstarbasketball@gmail.com

General information:
First Baptist Church / 361.883.2421 (M-F 9am-5pm)
Mark Nichols / 361.774.2942 (after 5pm)



ONLINE REGISTRATION AND MORE INFORMATION AT:

www.stxallstarbasketball.com

Grade levels fill quickly - register online today!

**APPLICATION
FOR ENROLLMENT**
(PLEASE PRINT)

Child's Name _____ Gender _____
Age _____ Birthday /_____/_____
Grade Completed _____
Address _____
City / State / Zip _____
Father's Email _____
Mother's Email _____
Emergency Contact _____ Cell Phone _____

T-Shirt size (circle one)

Youth: S M L Adult: S M L XL XXL
Circle appropriate size

♦ \$15 per camper/per camp discount for two or more immediate family members attending and \$15 per camper/ per camp if registering for multiple camps

♦ Maximum \$30 discount per camper/ per camp

Spring Break / March 11 - 15, 2019 (IWA)

- Morning Camp: 8:00 am - 12 noon (no meal) **\$150.00**
- Afternoon Camp: 1:00 - 5:00 pm (no meal) **\$150.00**
- Day Camp: 8:00 am - 5:00 pm (includes lunch) **\$275.00**
\$25 late fee if not postmarked or received by Feb 25

CAMP 1 / June 17 - 21, 2019 (IWA)

- Morning Camp: 8:00 am - 12 noon (no meal) **\$150.00**
- Afternoon Camp: 1:00 - 5:00 pm (no meal) **\$150.00**
- Day Camp: 8:00 am - 5:00 pm (includes lunch) **\$275.00**
\$25 late fee if not postmarked or received by June 3

CAMP 2 / July 8 - 12, 2019 (IWA)

- Morning Camp: 8:00 am - 12 noon (no meal) **\$150.00**
- Afternoon Camp: 1:00 - 5:00 pm (no meal) **\$150.00**
- Day Camp: 8:00 am - 5:00 pm (includes lunch) **\$275.00**
\$25 late fee if not postmarked or received by June 24

CAMP 3 / July 22 - 26, 2019 (IWA)

- Morning Camp: 8:00 am - 12 noon (no meal) **\$150.00**
- Afternoon Camp: 1:00 - 5:00 pm (no meal) **\$150.00**
- Day Camp: 8:00 am - 5:00 pm (includes lunch) **\$275.00**
\$25 late fee if not postmarked or received by July 8

**Venmo and PayPal accepted
Contact us for details**

MAKE CHECKS PAYABLE TO: STASB
Cash or money order only within two weeks
of session start date

WITHDRAWAL FROM CAMP

- \$40 non-refundable deposit included in registration
- Additional \$40 fee for withdrawal on first day of camp.
- NO REFUNDS after first day of camp; sorry we can not prorate.

**MEDICAL WAIVER / PHOTO RELEASE
& PARENTAL CONSENT**
(PLEASE PRINT)

Child's First Name _____ Last _____ Middle Initial _____
Father / Guardian Name _____
Home Phone _____ Cell Phone _____
Mother / Guardian Name _____
Home Phone _____ Cell Phone _____
Name of Child's Doctor _____
Doctor's Phone Number _____
Hospital Choice _____
Allergies: YES NO If yes, list: _____

Asthma: YES NO If yes, list medication needed: _____

Other health conditions we should be aware of: _____

I, as my child's parent/guardian, am responsible for my child having proper and current immunizations. All of my child's immunizations are up to date.

Parent / Guardian Signature _____ Date ____/____/____

I give permission for my child/ward to participate in the South Texas All-Star Basketball In a medical emergency, I understand the staff may contact the local emergency resource acting on the parent/guardian's behalf and my camper may be transported to a medical facility. I understand any medical expenses incurred will be the sole responsibility of the camper's parent/guardian. I understand prescribed medication my camper may need during camp must be in the original container with directions for usage and brought to the first aid area for the duration of camp.

I give permission for South Texas All-Star Basketball personnel to take measures as deemed necessary for my child/ward while under their supervision and hold them harmless for their duties/actions.

Parent / Guardian Signature _____ Date ____/____/____

PHOTO RELEASE: I agree for my camper's picture to be included in promotional pieces and websites related to South Texas All-Star Basketball .

Parent / Guardian Signature _____ Date ____/____/____

MAIL-IN REGISTRATION

Completed registration applications and parental consent forms can be mailed with tuition to:

*South Texas All-Star Basketball
7417 Stampede Dr
Corpus Christi, TX 78414*