

# Camp Mustang

## June 1<sup>st</sup> - 5<sup>th</sup>



Marc Johnson  
Head Coach – Camp Director  
Contact Information:  
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214-728-6584

### Camp Mustang

**When: Mon. June 1<sup>st</sup>-Fri. June 5<sup>th</sup>**

**Where: Pearce HS GYM**

**Time: 9am-3pm**

**Who: Incoming 1<sup>st</sup>-9<sup>th</sup> graders**

**Price: \$160 per camper**

**(Please contact Coach Johnson for any questions involving tuition)**

### Camp Information

Camp Mustang is for 2020-2021 1<sup>st</sup> graders through Freshmen.

**\*Campers will need a Lunch each day. Pizza Will be on sale daily. \*Concession stand will Be available as well.**

### Basketball Camp Schedule

<b>8:30-9:00</b>	Open Shooting
<b>9:00-9:15</b>	Daily Motivation
<b>9:15-9:25</b>	Warm up/Stretch
<b>9:25-10:25</b>	Daily Skill Development
<b>10:25-11:25</b>	Daily Competitions: Lay Ups, Free Throws, Hotshot
<b>11:30-1:00</b>	Lunch Rotation (Lunch, Concessions, Full Court Drills )
<b>1:00-1:30</b>	One on One (Skill Development)
<b>1:30-2:00</b>	3 on 3 Competition
<b>2:00-2:45</b>	5 on 5 Competition
<b>2:45-3:00</b>	Daily Awards

### **CAMP REGISTRATION**

On Line Registration At: [www.jjpearcecamps.com/](http://www.jjpearcecamps.com/)

Camper's Name: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Phone Number 1: \_\_\_\_\_  
 Phone Number 2: \_\_\_\_\_  
 Best Email: \_\_\_\_\_

For multiple campers please fill out multiple forms. You may do one check.

**Price: \$160      Cash \_\_\_\_\_ Check \_\_\_\_\_**

**MAKE CHECKS PAYABLE TO:**

**Marc Johnson**

**MAIL PAYMENT AND FORM TO:**

**16503 Dundrennan  
Dallas, TX. 75248**

Grade Entering: \_\_\_\_\_

T-Shirt Size: Circle One

YS	YM	YL
AS	AM	AL
	AXL	

**CONCESSION STAND  
AND PIZZA  
EVERY DAY!  
Drinks & snacks  
Cash only**

Liability Release: I agree that \_\_\_\_\_ may participate in Camp Mustang. In consideration of participating in this event, I agree, on behalf of the above named child to release, discharge, indemnify, and hold harmless RISD, its agents, servants, and employees from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be known, anticipated, unanticipated, resulting from or arising out of participation in this event. I HEREBY GRANT PERMISSION TO THE CAMP MUSTANG STAFF TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR THE PARTICIPANT NAMED HEREIN AT SUCH TIME AS EITHER PARENT OF LEGAL GUARDIAN CANNOT BE CONTACTED. *This activity is not sponsored or endorsed by the Richardson Independent School District.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_