



Dale Reed Basketball Camp



2017 ELEMENTARY CAMP

June 12 – 15

Monday – Thursday

June 19 – 22

Monday - Thursday

1:00 p.m. – 5:00 p.m. (Entering 1st- 6th Grades)

Location: The Woodlands H.S. 9th Grade Campus

Cost is \$150 per student (Siblings \$140 each)

Due To UIL Rules students may only attend ONE week of camp at the feeder they would be attending. So we have added an hour per day to camp!

You DO NOT have to attend a TWHS feeder school to come to our camp.

All students are welcome.

Every camper will receive a

❁FREE T-SHIRT❁

Send check and application to Dale Reed Basketball Camp:

Dale Reed

Head Coach Varsity Boys Basketball

THE WOODLANDS H.S.

6101 Research Forest Drive

The Woodlands, TX 77381

For questions call or email:

936-709-1470 Email: dareed@conroeisd.net

www.highlanderbasketball.org

Location: The Woodlands H.S. 9th Grade Campus

Name _____ Entering Grade Fall 2017 _____

Address _____ City _____ State _____ Zip _____

Age _____ DOB _____ Home Phone _____

Parent's Email Address _____

Name of Student's School Fall 2017 _____

Circle which camp the camper will be attending:

June 12-15

June 19-22

Do you have Medical Insurance? Yes No

PARENTS, RELEASE AND INDEMNITY AGREEMENT TO:

DALE REED Basketball Camps

We (or I), hereby request that you accept the application for enrollment of _____ in the ***DALE REED Basketball Camp*** on dates set forth in this application and in consideration of your acceptance of the application, we (or I) hereby release the ***DALE REED Basketball Camp*** and all their employees and agents from all claims on account of any injuries which may be sustained by our (or my) son/daughter while attending the ***DALE REED Basketball Camp***, and its employees and agents for any claim which may be hereafter presented by our (or my) minor son/daughter.

I understand that the Conroe Independent School District (CISD) will not provide transportation for my child to participate in the camp to be conducted at TWHS Main Campus/ 9th Grade Campus under the responsibility of Coach Dale Reed. I also understand that it is my responsibility to provide transportation for my child to any competitions regardless of where held. I allow my child

I the undersigned, have read this 2017 Parent Acknowledgement and understand all the terms. I have executed it voluntarily with the full knowledge of its significance.

Date _____ Parent Signature _____

Circle one size for T-Shirt: YM YL Adult S M L XL XXL

Cut and send top portion along with payment

For More Information Call:

Dale Reed

DALE REED Basketball Camps

(936) 709-1470 (Office)

Email: dareed@conroeisd.net

www.highlanderbasketball.org

