



Dale Reed Basketball Camps



June 15 - 18 (Offensive Shooting Camp) Monday – Thursday

1:00 p.m. – 4:00 p.m. (Entering 2nd - 6th Grades)

June 22 - 25 (All-Around Skills Camp) Monday – Thursday

1:00 p.m. – 4:00 p.m. (Entering 2nd - 6th Grades)

\$100 per student for one camp (Siblings \$80 each)

\$180 per student for two camps (Siblings \$160 each)

Every camper will receive a

❁ FREE T-SHIRT ❁

Please note that all of these camps will be at TWHS Main Campus!

Mail application with check payable to Dale Reed to:

Dale Reed

Head Coach Varsity Boys Basketball

THE WOODLANDS H.S.

6101 Research Forest Drive

The Woodlands, TX 77381

Email: dareed@conroeisd.net

www.highlanderbasketball.org

June 15 – 18 (Mon.-Thurs.) Offensive Shooting Camp

June 22 – 25 (Mon.-Thurs.) All - Around Skills Camp

Location: The Woodlands High School Main Campus

Name _____ Entering Grade Fall 2009 _____

Address _____ City _____ State _____ Zip _____

Age _____ DOB _____ Home Phone _____

Parent's Email Address _____

Name of Student's School Fall 2009 _____

Circle the Camp Week(s) Attending:

Offensive Shooting (June 15 – 18)

All-Around Skills (June 22 – 25)

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 the undersigned, have read this 2009 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: 12 14 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) 273-8584 (Office)

Email: dareed@conroeisd.net

www.highlanderbasketball.org



Highly Recommended
2009 Dale Reed Basketball Camps at
The Legends Sports Complex

The Ultimate Learning Experience ... Coach Reed's camp are designed for boys and girls, who are looking for a learning environment where they will be drilled with fundamentals as well as participate in competitive games.

Camp Highlights:

- Cost is \$200
- Skills & Game Basketball Camp for players entering the 5th, 6th, 7th, 8th, & 9th grades.
- Camp Time & Dates: Noon – 4PM each day ... Monday June 8th thru Friday June 12th.
- Dale Reed's game camps are a unique system that combines teamwork concepts with competition. Players will be divided evenly on teams to play league games and finish with a tournament.
- All Camp activities are conducted inside the new state of the art facility - The Legends Sports Complex.
- All players are matched with their appropriate age and skill level for competition.
- "Best Value" Basketball Camps in the North Houston Area ... \$10/Hour
- Coach Reed's commitment to every camper is plain and simple...you will learn the correct fundamentals of all phases of the game and to compete under pressure.

Don't delay this camp will fill up fast. Every camper will receive a FREE T-Shirt

Name: _____ Gender: Male Female

Address: _____ City _____ State _____ Zip _____

Entering Grade Fall 2008 _____ School _____ Age _____ Date of Birth _____

Parents Names: _____ Home Phone _____

Parent's email address _____ Medical Insurance: Yes No

Circle one size for FREE T-shirt: **Youth M L Adult S M L XL XXL**

PARENTS RELEASE AND INDEMNITY AGREEMENT TO:

DALE REED Basketball Camps @ The Legends Sports Complex

We (or I), hereby request that you accept the application for enrollment of _____ in the DALE REED Basketball Camp(s) at The Legends Sports Complex 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 The Legends Sports Complex 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 at The Legends Sports Complex, and the employees and agents of both entities for any claim which may be hereafter presented by our (or my) minor son/daughter.

Date: _____ Parent Signature _____

For More Information Call:

Dale Reed

(936)273-8584

Email: dareed@conroeisd.net

Return this page along with your payment to:

Todd Parsons

(281)298-5700 ext. #110

tparsons@thelegendssportscomplex.com

The Legends Sports Complex

Attention: Dale Reed's Camps

602 Pruitt Road

Spring, TX. 77380

Please make check payable to: The Legends Sports Complex