



# Dale Reed Basketball Camps



**June 14 – 17**                      **Monday – Thursday**  
1:00 p.m. – 4:00 p.m. (Entering 2<sup>nd</sup> - 6<sup>th</sup> Grades)

**June 21 – 24**                      **Monday – Thursday**  
1:00 p.m. – 4:00 p.m. (Entering 2<sup>nd</sup> - 6<sup>th</sup> Grades)

**\$100 per student for one camp (Siblings \$80)**  
**\$180 per student for two camps (Siblings \$160)**

**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](mailto:dareed@conroeisd.net)  
[www.highlanderbasketball.org](http://www.highlanderbasketball.org)

**Location: The Woodlands High School Main Campus**

Name \_\_\_\_\_ Entering Grade Fall 2010 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Name of Student's School Fall 2010 \_\_\_\_\_

Circle the Camp Week(s) Attending:

June 14 – 17

June 21 – 24

Both Weeks

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/ 9<sup>th</sup> 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 2010 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:**

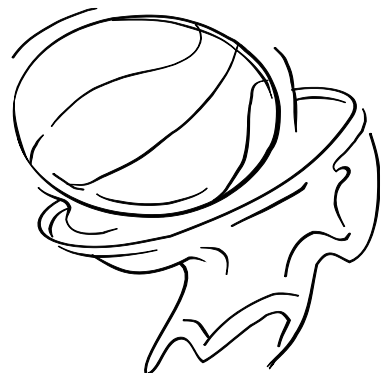
**Dale Reed**

***DALE REED Basketball Camps***

**(936) 273-8584 (Office)**

**Email: [dareed@conroeisd.net](mailto:dareed@conroeisd.net)**

**[www.highlanderbasketball.org](http://www.highlanderbasketball.org)**





# 2010 Dale Reed Basketball Camp at The Legends Sports Complex

The Ultimate Learning Experience ... Coach Reed's camp is designed for basketball players, 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 \$150 ... Make Checks payable to "The Legends Sports Complex".
- Coach Reed's Camp is for players entering the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, & 9<sup>th</sup> grades.
- Camp Time & Dates: Noon – 4PM each day ... Monday June 7<sup>th</sup> thru Thursday June 10<sup>th</sup>.
- Coach Reed's camp is a unique system that combines teamwork concepts with competition.
- All players are matched with their appropriate age and skill level for competition.
- "Best Value" Basketball Camp in the North Houston Area ... Under \$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: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Entering Grade Fall 2010 \_\_\_\_\_ 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](mailto:dareed@conroeisd.net)

Todd Parsons  
(281)298-5700 ext. #110  
tparsons@thelegendssportscomplex.com

Return this page along with your payment to:

The Legends Sports Complex  
Attention: Dale Reed's Camps  
602 Pruitt Road  
Spring, TX. 77380