



Dale Reed Basketball Camps



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

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

www.highlanderbasketball.org

