



# Dale Reed Basketball Camps



**June 17 – 20                      Monday – Thursday**  
**June 24 – 27                      Monday - Thursday**  
**1:00 p.m. – 4:00 p.m. (Entering 1<sup>st</sup> - 6<sup>th</sup> Grades)**  
**Location: The Woodlands H.S. 9<sup>th</sup> Grade Campus**

**Cost is \$110 per student (Siblings \$100 each)**  
**\$200 per student for both weeks (Siblings \$180 each)**

**Every camper will receive a**  
**❁FREE T-SHIRT❁**

**Send check and application to Dale Reed Basketball Camp**

For questions call or email:

**Dale Reed**  
**Head Coach Varsity Boys Basketball**  
**THE WOODLANDS H.S.**  
**6101 Research Forest Drive**  
**The Woodlands, TX 77381**  
**936-709-1470**  
Email: [dareed@conroeisd.net](mailto:dareed@conroeisd.net)  
[www.highlanderbasketball.org](http://www.highlanderbasketball.org)

**Location: The Woodlands H.S. 9<sup>th</sup> Grade Campus**

Name \_\_\_\_\_ Entering Grade Fall 2013 \_\_\_\_\_

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

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

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

Name of Student's School Fall 2013 \_\_\_\_\_

Circle which camp or camps the camper will be attending:

June 17-20

June 24-27

Both Camps

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 2013 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](mailto:dareed@conroeisd.net)**

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

