



Dale Reed Basketball Camps



Middle School CAMP

June 4 - 7 Monday – Thursday

12:30 p.m. – 4:00 p.m. (Entering 7th - 9th Grades)

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

Cost is \$150 per student (Siblings \$130 each)

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

(Office Use Only) PE _____ School _____

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

Name _____ Entering Grade Fall 2012 _____

Address _____ City _____ State _____ Zip _____

Age _____ DOB _____ Home Phone _____

Parent's Email Address _____

Name of Student's School Fall 2012 _____

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 2012 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 or Email:

Dale Reed

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(936) 709-1470 (Office)

Email: dareed@conroeisd.net

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