

Cypress SPRINGS HIGH SCHOOL

Lady Panther BASKETBALL CAMP

* **WHO:** future lady panthers ENTERING GRADES 5th – 9TH
* **WHAT**: A **Fun**damental basketball experience will provide a skills camp based on shooting, rebounding, ball handling, passing and other skills needed to excel in basketball**. Campers should** **Wear Athletic attire daily.**
* **WHEN:** MONDAY-Wednesday JUNE 10-12TH 2018 **9am-12pm**
* **WHERE**: Cypress Springs High School *7909 FRY ROAD CYPRESS TX 77433*
* **CAMP FEE**: register early. $50 Includes Camp T-shirt **($60 the day of)**
* **Registration:** please mail or email bottom PORTION ALONG WITH CASH OR MONEY ORDER ONLY: **(NO PERSONAL CHECKS ACCEPTED)**

 **CYPRESS SPRINGS HIGH SCHOOL**

**ATTENTION: TANEISHA ROGERS- GIRLS BASKETBALL**

**7909 FRY ROAD CYPRESS TX 77433**

FOR MORE INFO PLEASE CONTACT HEAD GIRLS BASKETBALL COACH TANEISHA ROGERS BY EMAIL AT TANEISHA.ROGERS@CFISD.NET

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#### CAMP REGISTRATION

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ Grade19-20: \_\_\_\_\_\_\_\_\_\_ Please circle T-shirt Size: Youth S, YM, YL or Adult S, M, L, XL, 2XL

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 19 CYPRESS-FAIRBANKS ISD**

**PARENT or GUARDIANATHLETIC PARTICIPATION CONSENT FORM**

***Please read and sign***

I hereby give my consent for the above named student to participate in school athletic practices, competitions, and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_