



Coach T. Tatsch

Girls Area Basketball Camp

At The Woodlands High School

2018

Camp Info:

June 4th-7th

For all Incoming 5th-9th graders

1pm-4pm

\$125.00 Make Checks Payable to: Trista Tatsch

Mail to:

The Woodlands HS

ATTN: Trista Tatsch

6101 Research Forest

The Woodlands, TX

77381

Deadline for Mail-in Registration:

Friday, May 25th

Questions? Please Email Coach Tatsch: ttatsch@conroeisd.net

Late Registration is available on 1st camp day at the gym.

Please note that it is an additional \$25 per late camper registration.

Camp T-shirts will go out to all campers:

Please select a size below: (circle one)

YOUTH-M YOUTH-L ADULT-S ADULT-M ADULT-L ADULT-XL

***Please note that if you have a child also attending the volleyball camp, you can take \$15 off of camp entry for each camp.**

Registration Form:

Grade Level in Fall 2018: _____

Camper's Name: _____

Parent's Name: _____

Parent's Email address: _____

Parent's Cell#: _____

CISD Camp Waiver:

Student's Name: _____

Activity: Basketball

In order for your child to be able to participate in the 2018 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing CISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to my child, we recognize that CISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expenses, or damage and will have no insurance covering my child without any interference from anyone serving or employed by CISD.

Dated this _____ day of _____ 2018.

Parent Signature: _____

Liability:

In the event of an emergency situation, I hereby authorize The Woodlands HS Basketball Staff to obtain medical attention for my child. I hereby waive and release both the TWHSBC staff and CISD from any liability for the injury and/or illness that might occur while participating in the camp. I understand as an active participant in basketball that an accident or injury may occur.

Parent Signature: _____

Emergency Medical Contact:

Physician's name and number:

Please list any medical condition that we should be aware of: _____

DON'T FORGET THEME DAYS!!!

Monday- Tie Dye

Tuesday- Twin Day

Wednesday- Crazy Sock

Thursday- Favorite Team