



Coach T. Tatsch

Girls Area Basketball Camp At The Woodlands High School 2019

Camp Info:

June 3rd-6th
 For all Incoming 5th-9th graders
 9am-12pm
 \$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:

Wednesday, May 29th

Questions? Please Email Coach Tatsch: woodlandsareabballcamp@gmail.com

Late Registration is available on the 1st day of camp 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

Registration Form:

Grade Level in Fall 2019: _____
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 2019 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 _____ 2019.

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- Neon Tuesday- Twin Day Wednesday- Super Hero Thursday- Favorite Team