



# 2021 Magnolia Boys Basketball Camp



at Magnolia High School

Coach Derek Cain

Camp #1: July 19<sup>th</sup> – 21<sup>st</sup> 8:00am – 10:00am

Incoming 7<sup>th</sup>- 9<sup>th</sup> grader

Camp #2: July 19<sup>th</sup> – 21<sup>st</sup> 11:00am – 1:00pm

Incoming 4<sup>th</sup> – 6<sup>th</sup> grader

## Camp Fees:

Camp #1 Incoming 7<sup>th</sup> -9<sup>th</sup> - \$85.00

Camp #2: incoming 4<sup>th</sup>- 6<sup>th</sup> - \$85.00

Payments: Venmo to @ Derek-CAIN-17  
(add campers name, t-shirt size, and grade in  
payment description section of venmo AND  
mail/email registration form) OR mail  
CASH/registration form to:  
Magnolia High School  
ATTN: Derek Cain,  
14350 FM 1488, Magnolia, TX 77354

\*\*\*Please bring a water bottle everyday\*\*\*

Twitter Page: MHS Bulldog Basketball  
@MagBasketball

**DEADLINE for Mail-in Registration is:**

**Friday, July 12<sup>th</sup> 2021**

\*\*Walk-Ups Welcome\*\*

Registration/Late Registration (\$100.00) will be in the MHS gym foyer

## REGISTRATION FORM:

Grade Level in Fall 2021: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

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

Parent's Phone Number: \_\_\_\_\_

Camper's T-shirt Size: (circle one)

**Youth-XS Youth-S Youth-M Y-L AS AM AL AXL**

## MISD Camp Waiver:

**Student's Name:** \_\_\_\_\_

**Activity:** Basketball

In order for your child to be able to participate in the 2021 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 MISD 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 your child, we recognize that MISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by MISD. Dated this \_\_\_\_ day of \_\_\_\_\_ 2021.

**Parent Signature:**

## Liability:

In the event of an emergency situation, I hereby authorize the April Cleveland Soccer camp staff to obtain medical attention for my child. I hereby waive and release both the MBC staff and MISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in basketball that an accident or injury may occur.

**Parent Signature:** \_\_\_\_\_

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

Physicians Name and Number: \_\_\_\_\_

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

\* please note that there is no trainer on site