



CY SPRINGS HIGH SCHOOL LADY PANTHER BASKETBALL CAMP

- **WHO:** BASKETBALL PLAYERS ENTERING GRADES 4th – 8th
- **WHAT:** A FUNDAMENTAL BASKETBALL EXPERIENCE WILL PROVIDE A SKILLS CAMP BASED ON SHOOTING, REBOUNDING, BALL HANDLING, PASSING AND OTHER SKILLS NEEDED TO EXCEL IN BASKETBALL ALL PROVIDED BY CY-SPRINGS BASKETBALL COACHES. PLEASE WEAR ATHLETIC ATTIRE TO CAMP EVERY DAY.
- **WHEN:** MONDAY-THURSDAY JUNE 11-14TH 2018 8AM-12PM
- **WHERE:** CYPRESS SPRINGS HIGH SCHOOL 7909 FRY ROAD CYPRESS TX 77433
- **CAMP FEE:** \$60 INCLUDES CAMP T-SHIRT
- **REGISTRATION:** PLEASE MAIL OR EMAIL IN BOTTOM PORTION ALONG WITH CASH OR MONEY ORDER ONLY TO: (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

CAMP REGISTRATION

Camper Name: _____ School: _____
 Age: _____ Current Grade: _____ 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 GUARDIAN ATHLETIC 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: _____
 Date: _____ Emergency Contact: _____
 Relationship to Athlete: _____ Emergency Phone Number: _____