





## Jason Weese Basketball Camp @ College Park High School 2019

Place: The Woodlands College Park High School **Date:** June 3-6 2019

Who: Entering Grades 3rd - 9th Time: 8:30-11:30 am

Cost: \$80.00 Make checks payable to:

Jason Weese

3701 College Park Dr.

The Woodlands, Tx 77384 (Cost includes camp t-shirt)

**Instructors**: CP Basketball Coaches and Players

Each camper will be taught fundamentals skills such as: ball handling, passing, shooting, rebounding and defensive strategies. They will be involved in individual and team competitions. Lady Cavalier Camp will be a fun and rewarding time spent with friends and coaches.

## Application Name: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_ Parent's Name: \_\_\_\_\_ School: \_\_\_\_ Cell phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Emergency #\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ **Camp Waiver:**

I hereby authorize the camp staff to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Conroe Independent School District and the CPHS Camp Staff from any and all liability for any injuries incurred while at Jason Weese Basketball Camp. I have no knowledge of any medical problem or physical impairment that would affect the above named camper to safely participate in the camp program as outlined in the flyer. By signing this statement, I understand that CISD does not carry insurance covering injuries that my child may sustain and they cannot be held responsible for any accident or payments resulting from such an accident. In the event of an injury to my child, I recognize that CISD, the 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 our child. I certify that the camper is covered by a medical insurance policy in case of illness or injury.

Parent or Guardian Signature:	Date: _	
Physicians Name & Number:		

Please any medical conditions that the camp staff should be aware of: