

2019 GIRLS SUMMER BASKETBALL CAMP 2019

WHEN: Monday June 3rd – Wednesday June 5th

TIME: 1:00 p.m. – 2:30 p.m.

WHERE: Shiner High School Gym

WHO: Girls Entering Grades 4th, 5th, 6th, 7th, & 8th

COST: \$40

Camp Description:

- Fundamental skills of the game will be taught through repetitive and competitive drills.
- **Dress:** Please wear court appropriate shoes, shorts and or sweats and a t-shirt daily.
- **Drinks:** Water breaks will be provided, but campers can bring a sports drink if they so desire.
- Please arrange to be picked up on time.
- All campers will receive a shirt at the end of camp Tuesday and are asked to wear it to camp on Wednesday so we can take a group photo.
- Forms and fees must be turned in by May 22 to guarantee a shirt.

Completed forms and camp fee should be returned to school by
Wednesday, May 22nd.

(Make checks payable to Ray Neal) Forms and fees may also be mailed to:

Coach Ray Neal
708 Louisiana Ave.
Shiner, Tx. 77984

Questions? Contact Coach Ray Neal at nealr@shinerisd.net or 979- 877- 4013

2019 SHINER GIRLS BASKETBALL CAMPER INFORMATION SHEET 2019

Name: _____

Address: _____

City: _____ Zip: _____

Current Age: _____ Grade Next Year: _____

Circle T-Shirt Size: Youth - S M L

Adult - S M L XL XXL

Mothers Name: _____ Fathers Name: _____

Daytime Phone: _____ Daytime Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Doctor Name: _____

Family Doctor Phone: _____

Please list any medical conditions that the basketball camp staff should beware of:

Medical Release

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp staff from any and all liability for any injuries or illness incurred while at the Shiner Girls Basketball Camp.

I have no knowledge of any medical problems or physical impairment that would be affected by the below named campers participation in the camp program as outlined on the camp information sheet.

The on-site certified coach and the nearest medical facility are hereby authorized to render primary medical care to my daughter during the camp.

Assumption of Risk / Release of Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____
(Guardian Name)

hereby acknowledge that the forenamed child is covered by medical insurance as follows:

Insured (name): _____ Company: _____ Policy #: _____

It is further understood that SISD, or anyone associated with putting on this camp does not provide medical insurance covering any nature or illness that may take place during the 2019 Shiner Girls Basketball Camp. The undersigned hereby releases SISD and all staff of the camp from any and all claims, demands and causes of action resulting from participation of the forenamed child in the 2019 Shiner Girls Basketball Camp.

Parent / Guardian Signature: _____ **Date:** _____

**Please return this page with appropriate camp fee to Coach Ray Neal by May 22, 2019.
Thank you for your interest and we are looking forward to seeing your camper on the court.**