

# BROCK LADY EAGLE BASKETBALL CAMP

## “HAVE FUN”

June 11-14 (Monday-Thursday)

Brock High School

**\*\*You do not have to be from Brock to attend\*\***

**Time: 9:30am-12:00pm (Incoming K-5)**

**12:30pm-3:00pm (Incoming 6-9)**

**Cost: \$75 (\$50 for siblings)**

**\$35 For BISD Employee's Kids**

**What to Wear: Basketball Shoes, athletic shorts and t-shirt**

### CAMP PURPOSE

- **Learn the fundamentals of the game**
  - **Learn to compete**
  - **Have fun**
- **Learn to love the game**

**Please mail registration form (one per camper) and checks to:**

**Shawna Lavender**

**104 Spalding Ct.**

**Weatherford, TX 76087**

**\*\*Make checks payable to Shawna Lavender\*\***

**Please do not mail checks after June 5th. You may email your registration and bring payment to camp**

**If you have questions please contact Shawna Lavender at [shawnalavender@gmail.com](mailto:shawnalavender@gmail.com) or 214-394-3997**

Grade (18-19) \_\_\_\_\_ T-Shirt Size: (circle) YS YM YL S M L XL

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_ I release, waive, discharge Brock ISD, employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damages including death which may be sustained by my child during the duration of the Lady Eagle Basketball Camp. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in camp. During the period of camp, I hereby give permission to the staff of Brock High School to administer proper medical assistance to my child in the event of an accident, illness or injury. I understand that I will be responsible for any and all costs of medical treatment and coverage provided not covered by insurance.

**I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_