



## 2021 Brock Lady Eagle Basketball Camp

June 21st-24th (Mon. – Thurs.)

**Emphasis: Fundamentals, Contests, and Games**

**Cost: \$100**

**\* Director of Camp: Coach Alex Stephenson**

### Morning Session – Camp I:

(High School Gym)

**Girls - Incoming 1<sup>st</sup> -5<sup>th</sup>: 9:00am-12:00am**

#### Camp I Schedule:

9:00	Fundamentals
10:00	Contests
11:00	Drills & Games
11:30	End of Camp
11:30-12	Open Gym:optional

### Afternoon Session – Camp II:

(High School Gym)

**Girls – Incoming 6<sup>th</sup> – 9<sup>th</sup>: 12:00- 3:00pm**

#### Camp II Schedule:

12-12:30	Open Gym:optional
12:30	Fundamentals
1:30	Contests
2:30	Drills & Games
3:00	End of Camp

**Registration form along with payment due to Alex Stephenson by Tuesday, June 1st.**

**If registering after June 1st, there will be a \$15 fee for late registration (\$115)**

- Walk-ins welcome on first day of camp, but cost of camp is \$115
- If there are two or more campers from the same household attending (siblings), cost is \$100 for one camper and \$75 for the others. If walk-in, \$115 for first camper and \$90 for the other siblings.
- You do not have to be from Brock to attend.
- **Make checks payable to Alex Stephenson / can turn into any campus front office or**

**Mail to: Lady Eagle Bball/ Attn: Alex Stephenson/ 400 Eagle Spirit Ln./ Brock, TX 76087**

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**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City and Zip:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **T-shirt Size: (circle) YS YM YL S M L XL**

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:** \_\_\_\_\_