

# 2019 Magnolia Boys Basketball Camp

at Magnolia High School



Coach Derek Cain

Camp #1: July 15<sup>th</sup> – 18<sup>th</sup> 8:00 AM – 10:00 AM

Any incoming 4<sup>th</sup> - 6<sup>th</sup> grade Fall 2019.

Camp #2: July 15<sup>th</sup> – 18<sup>th</sup> 11:00 AM – 1:00PM

Any incoming 7<sup>th</sup> – 9<sup>th</sup> grade Fall 2019.

## Camp Fees:

#1: incoming 4<sup>th</sup> - 6<sup>th</sup> - \$75.00

#2: incoming 7<sup>th</sup> - 9<sup>th</sup> - \$75.00

Make checks payable to:

**Derek Cain**

Or send it through paypal [dcain@magnoliaisd.org](mailto:dcain@magnoliaisd.org)

## Campers will receive a T-shirt

Phone: 281-356-3572 \*7042

Extension: \*7042

Email: [dcain@magnoliaisd.org](mailto:dcain@magnoliaisd.org)

Remind101: Text: 81010 Message: @c2h9h

Mail to:

Magnolia High School

Attn: Derek Cain

14350 FM 1488

Magnolia, TX 77354

**DEADLINE for Mail-in Registration is: July 14, 2019**

**\*\*Walk-Ups Welcome\*\***

Registration/Late Registration (\$85.00) will be in the Gym.

### REGISTRATION FORM:

Grade Level in Fall 2019: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Camper's T-shirt Size: (circle one)

**YL YXL Adult - S M L XL**

### MISD Camp Waiver:

**Student's Name:** \_\_\_\_\_

**Activity:** Basketball

In order for your child to be able to participate in the 2019 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing MISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that MISD, its 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 your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by MISD. Dated this \_\_\_\_ day of \_\_\_\_\_ 2018.

**Parent Signature:** \_\_\_\_\_

### Liability:

In the event of an emergency situation, I hereby authorize the Magnolia Boys Basketball camp staff to obtain medical attention for my child. I hereby waive and release both the MHBC staff and MISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in basketball that an accident or injury may occur.

**Parent Signature:** \_\_\_\_\_

Emergency Medical Contact: \_\_\_\_\_

Physicians Name and Number: \_\_\_\_\_

Please list any medical condition that we should be aware of: \_\_\_\_\_

\* please note that there is no trainer on site