2018 Magnolia Boys

Basketball Camp

at Magnolia High School

Coach Derek Cain

Camp #1: July 23th – 26th 8:00 AM – 10:00 AM

Any incoming 4th - 6th grade Fall 2018.

Camp #2: July 23th – 26th 11:00 AM – 1:00PM

Any incoming 7th – 9th grade Fall 2018.

Camp Fees: Make checks payable to:

**#1**: incoming4th -6th - $75.00 **Derek Cain**

**#2:** incoming7th- 9th - $75.00 **(cash/money order preferred)**

**Or send it through paypall dcain@magnoliaisd.org**

**Campers will receive a T-shirt Mail to:**

Magnolia High School

**Phone: 281-356-3572 \*7042** Attn: Derek Cain

**Extension: \*7042** 14350 FM 1488

**Email: dcain@magnoliaisd.org** Magnolia, TX 77354

**Remind101: Text: 81010 Message: @c2h9h**

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**DEADLINE for Mail-in Registration is: July 16, 2018**

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

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

Questions? Email Coach Leslie Madison lmadison@conroeisd.net

**MISD Camp Waiver**:

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity**: Basketball

In order for your child to be able to participate in the 2018 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

**REGISTRATION FORM:**

Grade Level in Fall 2018: \_\_\_\_\_\_\_\_\_\_\_\_

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**