



# Coach T. Tatsch

## Girls Area Basketball Camp

### At The Woodlands High School

# 2017

**Camp Info:**

June 5<sup>th</sup>-8  
 For all Incoming 5<sup>th</sup>-9<sup>th</sup> graders  
 1pm-4pm  
 \$125.00      Make Checks Payable to: Trista Tatsch

**Mail to:**

The Woodlands HS  
 ATTN: Trista Tatsch  
 6101 Research Forest  
 The Woodlands, TX  
 77381

**Deadline for Mail-in Registration:**

Thursday, June 1<sup>st</sup>

Questions? Please Email Coach Tatsch: [ttatsch@conroeisd.net](mailto:ttatsch@conroeisd.net)

Late Registration is available on 1<sup>st</sup> camp day at the gym. Please note that it is an additional \$25 per late camper registration.

**Camp T-shirts will go out to all campers:**

**Please select a size below: (circle one)**

**YOUTH-M      YOUTH-L      ADULT- S      ADULT-M      ADULT-L      ADULT-XL**

\*Please note that if you have a child attending the AM volleyball camp, you can take \$15 off of camp entry for each camp.

**Registration Form:**

**Grade Level in Fall 2017:** \_\_\_\_\_

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

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

**Parent's Email address:** \_\_\_\_\_

**Parent's Cell#:** \_\_\_\_\_

CISD Camp Waiver:

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

Activity: Basketball

In order for your child to be able to participate in the 2017 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 CISD 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 my child, we recognize that CISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expenses, or damage and will have no insurance covering my child without any interference from anyone serving or employed by CISD.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2017.

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

Liability:

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

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

Emergency Medical Contact:

Physician's name and number:

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

**DON'T FORGET THEME DAYS!!!**

Monday- Tie Dye

Tuesday- Twin Day

Wednesday- Crazy Sock

Thursday- Favorite Team