



# CHINA SPRING



# BOYS BASKETBALL CAMP

**JUNE 8-10**

**8:30AM - 11:30AM**

**ELIGIBILITY:** INCOMING 1<sup>ST</sup>-9<sup>TH</sup> GRADERS

**LOCATION:** CHINA SPRING HIGH SCHOOL

**\$55 INCLUDES T-SHIRT**

**CAMP WILL INCLUDE:**

1. INDIVIDUAL SKILLS, TEAM SKILLS, COMPETITIONS, 3 ON 3, AND 5 ON 5 GAMES.
2. CAMP IS INSTRUCTED BY CHINA SPRING BOYS BASKETBALL STAFF AND FORMER CHINA SPRING BASKETBALL PLAYERS.
3. SKILL FOCUS WILL INCLUDE: SHOOTING, BALL-HANDLING, PASSING, REBOUNDING, INDIVIDUAL DEFENSE, TEAM DEFENSE, INDIVIDUAL OFFENSE, AND TEAM OFFENSE.
4. THURSDAY WILL INCLUDE A SHORT AWARDS CEREMONY BEGINNING AT 11:00. ALL CAMPERS WILL RECEIVE A T-SHIRT, CERTIFICATE, AND POPSICLE ON THURSDAY DURING THE AWARDS CEREMONY

CONCESSIONS WILL BE OPEN AND HAVE WATER, GATORADE, CHIPS AND CANDY FOR PURCHASE

IF INTERESTED PLEASE RETURN THIS APPLICATION TO PHIL MCCASLIN

7301 N RIVER CROSSING, CHINA SPRING, TX 76633

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **ENTERING GRADE:** \_\_\_\_\_

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

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY CELL:** \_\_\_\_\_

I, the undersigned hereby grant permission for my child to participate in China Spring's Basketball camp and affirm he is physically able to participate in all camp activities. I hereby authorize the directors of the camp to act for me in any emergency requiring medical attention, and acknowledge and accept that I will be responsible for any costs incurred due to sickness or injury to my son while at camp. I understand that the camp is not affiliated with China Spring ISD, but merely leasing District facilities for use. I further agree to release waive, discharge and hold harmless the camp its directors and staff as well as China Spring ISD, its trustees. employees, students, staff and agents from any and all liability for injuries (including damages to person property) which either I or my child may sustain resulting from his participation in camp. I also understand that my child can be released from the camp at any time for misconduct, or if camp officials deem that the camp is unsafe for the students. Fees will not be refunded. I have read, fully understand, and agree to be bound by this waiver and release of liability and assumption of risk. I acknowledge that I am signing this agreement freely and voluntarily, and by my signature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**PARENT SIGNATURE:** \_\_\_\_\_

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

**ENTRY DEADLINE:**  
**MONDAY, JUNE 7<sup>TH</sup> AT**  
**12:00PM**

**\$5.00 FEE FOR LATE**  
**REGISTRATION**

## T-SHIRT SIZE

YOUTH SMALL _____	ADULT SMALL _____
YOUTH MEDIUM _____	ADULT MEDIUM _____
YOUTH LARGE _____	ADULT LARGE _____
	ADULT X-LARGE _____
	ADULT XX-LARGE _____

**ALL CHECKS PAYABLE TO: PHILIP MCCASLIN**  
**TO PAY VIA VENMO @PHILIP-MCCASLIN**