

# APPLICATION

Name: \_\_\_\_\_

Grade Fall 2017: \_\_\_\_\_ School: \_\_\_\_\_

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

Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-Shirt Size: (Please Circle)      YS   YM   YL   S   M   L   XL



(Scholarships are available and a letter of "financial need" should be returned with application.)

Make Checks Payable to College Park Boys Basketball:

College Park Boys Basketball

C/O Coach McNeely

162 N. Hawthorne Hollow Circle

The Woodlands, Texas 77384



# BASKETBALL CAMP

**JUNE 12-15**  
**9:00-3:00**



**AT COLLEGE PARK  
HIGH SCHOOL**



Staffed by College Park  
Boys Coaching staff  
and former players

**\$90**

**CAMPERS SHOULD BRING THEIR OWN WATER BOTTLE,  
LUNCH AND SPORT DRINK**

**INCOMING 4TH THROUGH 9TH GRADERS**

# CONROE INDEPENDENT SCHOOL DISTRICT

3205 W. Davis

Conroe, Texas 77304

## 2016-17 School-Sponsored Camps/Leagues Parental Acknowledgment

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

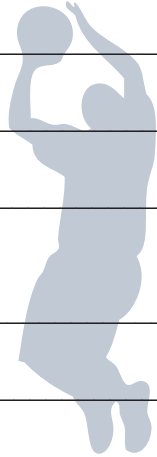
Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Campus: \_\_\_\_\_

Activity: \_\_\_\_\_



I understand that the Conroe Independent School District (CISD) will not provide transportation for my child to participate in the camp/league to be conducted at **College Park H.S.** under the responsibility of Coach Clifton McNeely. I also understand that it is my responsibility to provide transportation for my child to any competitions regardless of where held.

I the under signed, have read this 2016-17 Parent Acknowledgment and understand all the terms. I have executed it voluntarily with the full knowledge of its significance.

Dated This \_\_\_\_\_ Day of \_\_\_\_\_, 2017.

Parent/Guardian PRINT: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# CONROE INDEPENDENT SCHOOL DISTRICT

## 2016-17 School-Sponsored Camps/League Insurance Waiver

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

Activity /Sport: **Cavalier Basketball Camp**

In order for your child to be able to participate in the 2016-17 School-Sponsored camp/league activities, it is necessary for you to sign this statement indicating your understanding that the District does not carry insurance covering injuries your child may sustain.

By my signature, I am informing Conroe Independent School District that I understand that the District is not responsible for any accident or payments resulting from such accident.

In the event of injury to our child, we recognize that the Conroe Independent School District, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child.

Dated This \_\_\_\_\_ Day of \_\_\_\_\_, 2017.

Parent/Guardian PRINT: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

