# REGISTRATION

After June 3rd, campers will register at the gym at the following times:

- Morning Session: 8:30 AM on **MONDAY, June 10th**
- Afternoon Session: 11:30 AM on **MONDAY, June 10th**

Only those registered by June 3rd will be guaranteed to get a shirt.

**FEES**

Please make checks payable to:
**SULPHUR SPRINGS GIRLS BASKETBALL**

- $50

**Campers should wear appropriate flat-soled athletic shoes and workout shorts.**

**PLEASE TURN THIS FORM INTO THE HIGH SCHOOL OFFICE or FIELD HOUSE SPORTS WITH PAYMENT or MAIL TO:**

**Sulphur Springs Girls Basketball Camp**
**4645 Deer Haven Lane**
**Paris, Tx 75462**

**BY JUNE 3rd OR SEND WITH CAMPER ON FIRST DAY OF CAMP.**

# Registration Form

**Camper Name:**
_____

**Grade Entering:** _____

**(Please Circle)**
**T-Shirt Size (Youth Sizes): XS S M L XL**
**(Adult Sizes): S M L XL**

**Parent or Guardian Name:**
_____

**Parent or Guardian Phone Number:**
_____

**Camp Selection (circle one):**

**2nd- 5th Session- (9:00 am- 11:00 am)**

**6th- 9th Session- (12:00 pm- 2:00 pm)**

**Please make checks payable to:**
**Sulphur Springs Girls Basketball**
**Amount Enclosed:** _____

" Skilled" basketball players are made, not born and the only way to become complete as a player is to not just play the game but to "know" it! To combine all aspects of development, certain things must be stressed-- repetition, muscle-memory work, building the positive self-esteem, teaching solid technical skills, promoting both individual and team concepts, teaching self-discipline and "putting the FUN in FUNdamentals!!!"

# SULPHUR SPRINGS GIRLS BASKETBALL SUMMER CAMP

# JUNE 10th- 12th

## (MONDAY- THURSDAY)

## CAMP TIMES:

**MORNING SESSION:**
Girls going into 2nd – 5th grades
9:00 am – 11:00 am

**AFTERNOON SESSION:**
Girls going into 6th – 9th grades:
12:00 pm- 2:00 pm

**LOCATION: ******
Sulphur Springs HIGH SCHOOL**

SULPHUR SPRINGS BASKETBALL

**Coach: Brittney Tisdell**

**Assistants: Tyler Lindsey & Jeremy Delorge**

**Phone: 903.885.2158**

**Email: btisdell@ssisd.net**

## RELEASE OF LIABILITY

**Camper name**: _____

I agree as parent/guardian to hereby release and hold harmless Sulphur Springs I.S.D., its trustees, employees, agents, sponsors and volunteers from all legal responsibility including claims, demands and lawsuits, resulting from any or related to any incidents or activities arising from or connected in any manner with this Sulphur Springs I.S.D. sanctioned activity. In case of an emergency, and with the approval of the activity sponsor or Sulphur Springs I.S.D. administrator-in-charge of said activity, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital, including surgical procedures for the above listed student. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Printed Name of Parent/Guardian Signature of Parent/Guardian

_____
_____

Medical Release and Emergency Contact Information

_____

Camper Name Date of Birth

_____/_____/_____

Emergency Contact Person (please print) Relationship to Camper

_____
_____

Cell Phone Work Phone Home Phone

_____
_____

Please list, if any, special medical needs camp staff should be aware of:

_____
_____
_____