



# Cy Creek Cougar Basketball Camp



Directed by the Girls + Boys Basketball Coaching Staff  
@ Cy Creek HS

**Dates and Times:**

3<sup>rd</sup>-6<sup>th</sup> grade

**BOYS + GIRLS**

June 12-14

8:00-11:00

7<sup>th</sup> –incoming 9<sup>th</sup>

**GIRLS ONLY**

June 12-14

11:30-2:30

**\*Campers  
7<sup>th</sup>-9<sup>th</sup> must  
have a current  
physical**

**All campers will receive:**

- Camp Shirt
- Prizes for award winners
- Valuable skills to grow in the game of basketball

**Mail form and payment by May 26**

Cy Creek HS

Attn: Jennifer Alexander

9815 Grant Rd.

Houston, Tx 77070

*\*\*We will accept campers on the day of camp; however, we cannot guarantee that a shirt will be given...we will do our best!*

Questions? Contact Jennifer Alexander  
281-897-4200 OR jennifer.alexander1@cfisd.net

**DETACH HERE AND MAIL ONLY THE BOTTOM PORTION**

Please circle the appropriate camp: Camp 1 (entering grades 1-6) Camp 2 (entering grades 7-9)

Camper \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Grade Fall '17 \_\_\_\_\_ Name of School Fall'17 \_\_\_\_\_

**Method of Payment**

(select one: Payable to Cypress Creek Athletics)

\_\_\_\_\_ Cash (\$60)

\_\_\_\_\_ Check (\$60), Check # \_\_\_\_\_

\_\_\_\_\_ Money Order (\$60)

Circle camper's t-shirt: YS YM YL S M L XL

**ATHLETIC PARTICIPATION CONSENT FORM:**

**STUDENT'S NAME:** \_\_\_\_\_ **CAMPUS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_