

**Oak Ridge
Lady War Eagle
Basketball Camp**



WHEN: June 6-8, 2017
9:00 am – 12 noon
WHO: For girls entering 4th-9th grades
WHERE: ORHS New Gym

All Campers should dress in shorts, T-shirt, basketball/athletic shoes and socks. Small personal water bottles are encouraged.

Camp Fee: \$70 if received on or before May 30, \$85 May 31-June 5, \$100 at the door
Camp shirt and camp ball is not guaranteed for anyone who registers after May 30.
Payment Option 1: cash, money order, or cashiers check made payable to ORHS. You can mail this or bring it by the school.
Payment Option 2: debit/credit card payment via the ORHS Webstore. (only through May 30)
Camp Scholarships and multiple children discounts are available.

A Message from Coach Vasquez:

Our basketball camp provides opportunities for players to develop and improve their skills. We provide drills and competitions for all levels with a positive environment. We present the tools for becoming a better player and a good team player. Campers will be grouped according to skill level. Campers will be instructed by our coaching staff.

ORHS Lady War Eagle Basketball Camp Registration

Camper's Name: _____ Parent's Name: _____
Address: _____ City: _____ ZIP: _____
Telephone (home): _____ (work): _____
Grade in the Fall of 2017: _____
Circle one Size for T-Shirt: Adult: XL L M S Youth: L M S
Emergency Contact Name and Phone: _____
List any medical conditions: _____

WAIVER RELEASE:

By signing below I give consent for my child, _____, to participate in the basketball camp to be held at Oak Ridge High School in June 2017.

I hereby certify that she is physically capable of participating and I realize that there are risks involved in participating in the camp. Knowing the risks involved, by signing, I, on my behalf and that of my child, our heirs, administrators and executors, release and agree to hold harmless Conroe independent School District, and all persons or entities associated with Conroe ISD and the camp from any responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this clinic and program, including personal injury, disability, or property damage that may be incurred throughout the duration of the camp.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted. After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this clinic.

Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Mail Application and payment to:

Coach Deidre Vasquez
Oak Ridge High School
27330 Oak Ridge School Road
Conroe, TX 77385
Work: 832-592-5579 Cell: 936-444-3923 Fax: 832-592-5530

