 **THOMPSON LIONS 2019 **

**BASKETBALL CAMP**

                                    *Where:*   Thompson Intermediate School

                                                  11309 Sagedowne

                                     *When:*     Monday, July 15th through Thursday, July 18th, 2019

                                                9:00 a.m.-11:00 a.m.

*Fee:*                  $25 per student

                        **PAYMENT BY CASH ONLY—PLEASE NO CHECKS OR MONEY ORDERS**

*Staff:*              Thompson Intermediate Coaches

*Activities:*         Dribbling, Passing, Shooting, Rules and Regulations

*For additional information, see Coach Sawyer*

I WISH TO ENROLL MY STUDENT IN THE 2018 THOMPSON LIONS BASKETBALL CAMP:

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Grade entering 2019 - 20\_\_\_\_\_\_\_

                              *Last                                         First*

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

         Report 15 minutes early on Monday, July 15th

         Bring this completed form and payment of $25 (cash only, please)

         Bring athletic shoes

**Pasadena Independent School District does not carry insurance for summer fitness/recreation programs. Parents will be responsible for any medical expenses incurred.**

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

                        *PRINT*                                  *SIGNATURE                             DATE*