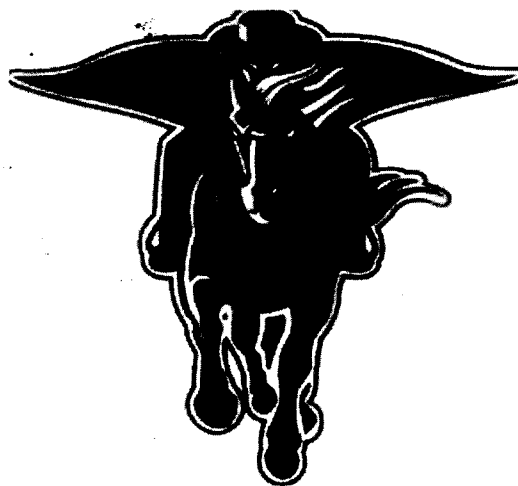


Incoming
3rd-6th grade
Boys and Girls



Only \$25 per camper.
\$15 per additional
camper. Scholarships
Available
(See Back)

NORTHBROOK SUMMER BASKETBALL CAMP

JUNE 21ST-23RD, 2022

Northbrook High
Competition Gym

9:00am -12:00pm

Register by Scanning the QR Code
OR
Completing the Registration Form



Camp Registration Form

Cut off and return -----

Camper Name _____ Age _____ Grade _____

List (Additional Campers)

Parent Name _____ Phone _____

Address _____

T-Shirt Size (circle) YS YM YL Adult S Adult M Adult Large

*****Parent Signature on the back *****

Camp Information

Camp instructors are the Northbrook High School Basketball Coaches

Campers will be learning the fundamentals of basketball which include offense, defense, 1 on 1, and team play.

Equipment needed - Shirt, shoes, shorts.

We provide - training equipment and basketballs.

(A water bottle is suggested, but optional.)

Registration and Scholarship Details

Please Return the bottom of this form to your PE teacher or coach

or

Send the registration and waiver form with check or money order payable to:

**NHS Boys Basketball
ATTN: Jason Campbell
#1 Raider Circle
Houston, TX, 77080**

****If a camper is in need of a scholarship to attend the camp then contact camp director, Jason Campbell, at any time.**

Email -
jason.campbell@springbranchisd.com
Cell - 210-268-5757

We accept Walk-Up Registrations!

I, the undersigned, being the individual parent, or legally authorized guardian of _____, authorize my child to participate in a Spring Branch ISD sponsored summer activity, and understand that participating in athletics of any kind comes with risks. I agree to hold Spring Branch ISD, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries or illness, which my child may be subject to while participating in any recreational activities or utilizing the Spring Branch ISD facilities. In the event of an emergency requiring medical attention, I authorize the Director, supervisor, and/or a district employee to use their judgment to secure medical services if necessary, which shall be at my own cost. I have included a copy of my child's most recent required physical and I have notified the Director of the summer activity of my child's physical ailments or limitations.

Parent Signature

Contacts In case of emergency

1. Name - _____
Home Phone- _____
Cell Phone- _____
Work Phone- _____

2. Name - _____
Home Phone- _____
Cell Phone- _____
Work Phone- _____