

SPRING WOODS HIGH SCHOOL

2008 SUMMER BOYS BASKETBALL CAMP

Where: Spring Woods High School, 2045 Gessner
Who: Boys age 7 through graduating 8th graders
When: Monday, June 2 – Thursday, June 5
Time: Age 7 to completing 5th grade 9:00 AM – 12 noon
Completing 6th, 7th and 8th grade 1:00 PM – 5:00 PM
Cost: \$60 per camper for entries received on or before Friday, May 30
\$65 per camper to register the day of the camp

PLEASE MAKE CHECKS PAYABLE TO: Spring Branch ISD

Includes: Basketball, T-shirt, Individual Awards, Team Awards, and Instructional Material

Instruction in:

| | | |
|----------|--------------------|--------------|
| Shooting | Individual Defense | Team Defense |
| Passing | Ball Handling | Team Offense |
| 3-on-3 | 5-on-5 | Competitions |

Parents are welcome to attend. For further information, call Coach Michael Stokebrand at 713-365-4475, evenings at 713-462-5776 or email michael.stokebrand@springbranchisd.com. Reduced camper costs are available for individuals who qualify. Please check with Coach Stokebrand for more information.

Return completed application to: Spring Woods High School
Michael Stokebrand – Boys Basketball
2045 Gessner
Houston, TX 77080

Camper: _____ Age: _____ Grade Completed: _____
School: _____ T-shirt Size (circle one) Youth Large Adult: S M L XL
Parent/Guardian: _____ Phone: _____ (Hm)
Address: _____ Phone: _____ (Wk)
E-mail: _____ Phone: _____ (Cell)

I hereby authorize the coaches, trainers and authorized personnel of the Spring Woods Boys Basketball Camp to act for me, in accordance with their judgment, in any emergency requiring medical attention. I further waive and release Spring Branch ISD and the Spring Woods boys basketball coaches, trainers and authorized personnel of any liability for any damages from injuries and/or illness sustained at the camp. I know of no mental or physical condition which might affect my child's ability to safely participate in the camp. I have included a copy of my child's latest physical and have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Parent/guardian signature