

CONCORDIA HIGH SCHOOL

BOYS & GIRLS MIDDLE SCHOOL BASKETBALL CAMP



Who: Boys and Girls entering 5th – 9th grade

Where: Redeemer Lutheran School Gym

1500 W. Anderson Ln, Austin, TX 78757

When: Monday, June 26 – Thursday, June 29

Time: 8:00 a.m. – 12:00 noon

Cost: \$75 per student



CAMP INFORMATION:

Water will be provided and campers will receive a Concordia High School Camp T-shirt as well as other prizes for contest winners. The camp directors will be Boys Varsity Head Coach Bob Lovett and Girls Varsity Head Coach Dez'ron Prater along with varsity team members. Camp will focus on fundamental skills including; ball handling, defense, shooting, rebounding and passing.

Please make checks payable to: **Concordia High School**

Mail registration form to:

Concordia High School

ATTN: Carla Knippa

1500 Royston Ln, Ste A

Round Rock, TX 78664

*Info & Register Online:
WWW.CHSAUSTIN.ORG/
SUMMERCAMPS*

For information or questions contact Carla Knippa at (512) 248-2547 or carla.knippa@chsaustin.org

PARENT/GUARDIAN CONSENT FORM AND REGISTRATION

COST: \$75 per student

(*A \$10 sibling discount is available for those with multiple family members)

Total Due: \$ _____

T-SHIRT SIZE (Youth Sizes): Small Medium Large X-Large XX-Large

(Adult Sizes): Small Medium Large X-Large XX-Large



Student Name: _____ Incoming Grade: _____

Address: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Middle School Attending: _____

LIABILITY RELEASE: I, as the parent or guardian of _____ do hereby give permission for my child to participate in the Concordia High School Boys & Girls Basketball Camp. I acknowledge that my child is physically able to participate in all camp activities. I hereby release and forever discharge Concordia HS, Redeemer Lutheran Church and School, its employees, agents, and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise as a result of his/her participation in camp activities. I also give my permission for any emergency medical care to be given to my child that may be required as a result of any injury from participation in camp activities.

Parent/Guardian Signature _____

Date _____