



BOY'S BASKETBALL CAMP

June 4 - 6
8:30 AM- 12:00 PM

3rd-Incoming 9th Grade Boys
Smith Middle School
1710 Country Club Road, Cleburne, TX 76033



WHERE

Smith Middle School

WHO

3rd-Incoming 9th Grade Boy's

COST

\$75

Make checks payable to
Kurt White

WHAT TO BRING

Athletic Clothing
Basketball Shoes
A Learning Attitude!!!

HOW

Please mail this brochure and pay-
ment to:

Kurt White
907 Forrest Ave.
Cleburne, Tx 76033
Or Register at the Door

MEDICAL RELEASE FORM

WAIVER OF CLAIMS; I AS A PARENT OR GUARDIAN, HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE CLEBURNE BASKETBALL CAMP AND ACKNOWLEDGE THE FACT THAT HE OR SHE IS PHYSICALLY ABLE TO PARTICIPATE IN CAMP ACTIVITIES.

I HEREBY AUTHORIZE THE STAFF OF THE CLEBURNE BASKETBALL CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN AN EMERGENCY REQUIRING MEDICAL ATTENTION. I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ANY COST (THROUGH FAMILY MEDICAL INSURANCE OR OTHERWISE) INCURRED DUE TO SICKNESS OR INJURY TO MY CHILD OR DEPENDENT. I HEREBY WAIVE ANY CLAIM I MIGHT HAVE AGAINST THE CLEBURNE BASKETBALL CAMP AND THE INSTITUTION PROVIDING THE FACILITIES.

SIGNATURE OF PARENT/GUARDIAN: _____
EMERGENCY CONTACT: _____

DATE: _____
PHONE: _____

CAMP INFO

Dates: June 4-6
8:30 AM — 12:00 PM

\$75

Participants will be taught the fundamental skills of basketball combined with team concepts. Each day will build upon the skills learned the previous day. The athletes will be grouped according to grade level and skill level. Campers should have shoes suitable for the gym floor.

For additional Camp info please contact:

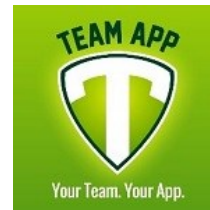
Kurt White
kwhite@c-isd.com
Office: 817-202-1223

Tres White
twhite2@c-isd.com
Office: 817-202-1227



Download our FREE team app & stay up to date with all the latest Yellowjacket basketball news & info!!

Download Team App from the Apple or Google Play store or go to jackethoops.teamapp.com



REGISTRATION FORM

PLAYER INFO

NAME: _____

INCOMING GRADE: _____

SCHOOL: _____

SHIRT SIZE:

YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___

PARENT/GUARDIAN

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY PHONE: _____

PRIMARY EMAIL: _____

EMERGENCY

NAME: _____

RELATION: _____

PHONE: _____

ALTERNATE PHONE: _____

ALLERGIES: _____