

Lady Wolverine Basketball Camp



June 7 – 10, 2021



Session 1	Session 2
Girls entering 3 rd – 6 th Grade 9:00 am – 12:00 pm	Girls entering 7 th – 9 th Grade 1:00 pm – 4:00 pm
\$100 includes a camp T-Shirt Clear Brook High School Gyms	\$100 includes a camp T-Shirt Clear Brook High School Gyms

Camp Highlights	Registration Information
<ul style="list-style-type: none">➤ Offensive and Defensive Fundamentals➤ Individual and Team Instruction➤ 3-on-3 Games➤ 5-on-5 Tournament➤ Daily Competitions➤ Individual and Team Awards➤ Instruction by High School Coaches/ Graduates	<ul style="list-style-type: none">➤ Register by May 31, 2021 to guarantee correct t-shirt size➤ Walkups welcome 1st day of camp➤ Cash, Check, Credit Card, or Venmo➤ Checks payable to: Lady Wolverine Basketball Camp➤ Venmo: @LadyWolverineBasketballCamp

To Pay Online:

<https://checkout.square.site/merchant/MLRBJ2G06Z5A5/checkout/3KS73GLHGJBDLVASBYET2GUN?t=1617747841.788553>

Online Registration: <https://forms.gle/T43hogbsFs1HroEKA>

Or

Mail Completed Registration and Fee to:

Lady Wolverine Basketball Camp

Attn: Warren Brooks

4815 Loures Lane

League City, TX 77573

Cell: 281-381-8747 Email: wbrooks@ccisd.net

Only Return this portion of the Camp Flyer

Session (1 or 2): _____ Grade (next year): _____ Shirt Size: YS, YM, YL, AS, AM, AL, AXL

Camper's Name: _____ Parent/Guardian's Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Payment Method (circle one): **Cash** **Check** **Venmo** **Credit Card (online)**

THE FOLLOWING STATEMENT MUST BE SIGNED BY A PARENT OR GUARDIAN: *I hereby give my child permission to participate in the Lady Wolverine Basketball Camp. This authorization shall waive, release, and absolve the Lady Wolverine Basketball Camp and its staff members from any and all liability for injury or illness incurred at the camp. The Lady Wolverine Basketball Camp is not responsible for items stolen from or left by my child at camp. I give the staff permission to act for me according to its best judgment in an emergency. I also certify that the above applicant has no physical problems which would impede her participation at the Wolverine Basketball Camp. All Medical expenses due to injury /illness suffered by the camper while at camp are the sole responsibility of the parent/guardian of the camper.*

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____