



# CENTENNIAL LADY SPARTAN BASKETBALL CAMP

## June 16th - 19th



**Who:** Incoming 1<sup>st</sup> - 9<sup>th</sup> Graders

**Where:** Centennial High School

**When:** 9:00 AM – 12:00 PM

201 S. Hurst Rd.

**Cost:** \$65.00

Burleson, Tx. 76028

**CAMPER'S NEEDS:** Court Shoes, Shorts, and T-shirt, Water (optional)

**CONCESSIONS:** Campers will be able to purchase water, gatorade, & snacks during their breaks. Staff will provide a bank for campers to deposit money.

**STAFF:** Centennial HS Coaches, Kerr MS Coaches, and Ex-Lady Spartans

**EACH CAMPER WILL RECEIVE A CAMP T-SHIRT AND BASKETBALL.**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **NEXT YEAR'S GRADE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NEXT YEAR'S SCHOOL:** \_\_\_\_\_

**T-SHIRT SIZE (Circle One):** YOUTH S OR M ~~~ ADULT S M L XL

Mail in early to insure proper T-shirt size

#### WAIVER CLAIM

I as a parent or guardian, hereby give permission for my child to participate in the Lady Spartan Basketball Camp and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the directors of the Lady Spartan Basketball Camp to act for me in any emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim that I might have against the Lady Spartan Basketball camp and the institution providing the facilities.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

MAKE CHECK PAYABLE TO: Lady Spartan Basketball Camp

Camp Director: Valerie Wootan  
wootan@burlesonisd.net

**MAIL CHECK AND APPLICATION TO:** Lady Spartan Basketball Camp

Attn: Valerie Wootan  
Centennial High School  
201 S. Hurst Rd.  
Burleson, TX 76028