

# 2017 Tiger Boys Basketball Camp

Monday: June 5, 2017 – Thursday: June 8, 2017



**Cost: \$75**

**Campers Need:** Court Shoes, Shorts, T-Shirt

**Concession Stand will be available during all breaks.**

**Staff:** Mansfield High School Coaches, Area Coaches, and Former Players

Every camper will receive a Camp **T-Shirt** and **Basketball**.

## Morning Sessions

**Session 1:** Next Year's 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Graders

8:00 a.m. – 11:30 a.m.

**Mary Orr Intermediate School**

2900 East Broad Street

**Session 2:** Next Year's 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Graders

8:00 a.m. – 11:30 a.m.

**Mansfield High School**

3001 East Broad Street

## Afternoon Session

**Session 3:** Next Year's 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> Graders

1:00 p.m. – 4:30 p.m.

**Mansfield High School**

3001 East Broad Street

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Next Year's Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Next Year's School: \_\_\_\_\_

**T-Shirt Size:**          Youth   S          M          L                          Adult   S          M          L          XL

**Circle Session: Morning #1 or #2 Afternoon: #3**

### Waiver Claim:

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

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: Jason Speakes          Phone: 682-314-0242          e-mail: [jasonspeakes@misdmail.org](mailto:jasonspeakes@misdmail.org)

Mail check and camp form to: Jason Speakes          3001 East Broad Street          Mansfield, TX 76063

**OR Register Online:** <https://mansfieldsports.rankonesport.com/AthleticPortal/Main/Camps.aspx>