



2017 GALENA PARK BOYS BASKETBALL CAMP

Incoming 8TH-9TH GRADE

Tuesday May 30th - Thursday June 1st

8:00 AM – 10:00 PM

Cost: \$20.00

CASH, CREDIT CARD PAYMENT (AVAILABLE ON GPISD WEBSITE), OR CHECKS (MADE OUT TO: GPISD)

LOCATION: GPHS Competition Gym

BOYS CONTACT: Clarke Isenhower – 832-386-2800 or cisenhower@galenaparkisd.com

Twitter: [@GalenaParkBB](https://twitter.com/GalenaParkBB)

Instagram: [@GalenaParkBasketball](https://www.instagram.com/GalenaParkBasketball)

PARTICIPANTS MUST HAVE A PHYSICAL AND EMERGENCY CARD ON FILE

NAME: _____ DOB: _____

CELL PHONE: _____ GRADE(2017-2018): _____

T-SHIRT SIZE(Adult Sizes): _____

I, the undersigned parent/legal guardian of authorize said child's participation in the Galena Park High School Basketball Camp. It is my understanding that participation in the activities that make up the GPHS BasketballCamp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPHS Basketball Camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of its representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp. If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and student personnel to share information concerning medical diagnosis and treatment for your child. By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GPHS Basketball Camp.

PLEASE RETURN FLYER TO:

Attn: CLARKE ISENHOWER
GALENA PARK HIGH SCHOOL
1000 KEENE ST
GALENA PARK, TX 77547

Parent/Guardian Signature & Date