

# Camper Application

Camper Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Height: \_\_\_\_\_

Position (Circle One):

Guard Forward Post

T-Shirt Size (Circle One):

Small Medium Large XL

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

## PAYMENT INFORMATION

Payment by CASH ONLY

Please submit this completed form with  
payment to:

Cypress Falls High School  
Girl's Basketball  
Attn: Larissa Leal  
9811 Huffmeister  
Houston, TX 77095

POSTAGE  
HERE

Cypress Fairbanks Independent School District  
Cypress Falls High School  
9811 Huffmeister  
Houston, TX 77095

Attn: Larissa Leal



## GIRLS BASKETBALL CAMP



May 31<sup>th</sup> – June 2, 2022

Tuesday to Thursday

Incoming 6<sup>th</sup> - 9<sup>th</sup>

9:00 a.m. -12:00 p.m.

“WE ARE ONE”



CYPRESS-FAIRBANKS INDEPENDENT SCHOOL  
DISTRICT PARENT OR GUARDIAN

ATHLETIC PARTICIPATION CONSENT FORM

STUDENT'S NAME: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**Who:** Incoming 6<sup>th</sup>-9<sup>th</sup> Grade

**Cost:** \$70

- You may in person by cash or check
- An Athletic Physical is required for all campers to attend camp

**What:** Our coaching staff consists of highly qualified high school coaches that will help your child with all the necessary skills to become a better basketball player.

**Where:** Cypress Falls High School

**When:** May 31<sup>st</sup>- June 2<sup>nd</sup>  
9:00am-12:00pm

For More Information Contact:

**Larissa Leal**

**Cell: 512-589-4854**

**Larissa.Lealthomas@cfisd.net**

**(Girls Head Coach)**

I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurances coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this 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, trainer, nurse, hospital or school representative.

DATE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN:

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_