



Hays High School

Hawk 3rd - 6th Co-Ed Basketball Camp



When: June 12th – 14th, 2023 Camper Name _____

Where: Hays HS (Bales Gym) Parent/Guardian _____

Time: 8:00 AM – 11:00 AM Phone # _____

Who: Girls / Boys, Incoming 3rd - 6th graders Grade ('23-'24) _____

Cost: \$50 * (T-Shirt included) T-Shirt Size YS YM YL S M L XL

Camp Activities

Please bring a ball for skill work, drills, offense & defense, competitions, team play, prizes & awards....LOTS OF FUN!!!

Registration and Payment Information

<https://hayscisd.revtrak.net/Middle-Schools-and-High-Schools/hays-high-school/hhs-athletics/#/list>

Hays CISD Release of Liability Form

HAYS C.I.S.D. RELEASE OF LIABILITY FORM

Participant releases the Hays C.I.S.D., its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the Individual Participant and any parent or guardian signing this document on behalf of the Participant. Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participants agree to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims. The release and indemnity obligations of Participant shall apply without regard to whether the bodily injury property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees or volunteers. This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below I certify that I have read, understand and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal rights and that I may consult an attorney prior to signing.

For more information, contact: deatrick.stigall@hayscisd.net

Office Use Only: Payment Received: \$ _____

Payment Type: Ck ____ / CC ____ / Cash ____ / W ____



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