

**Lady Cougar Basketball Camp 2024  
May 28th, 29th, & 30th**



**Who:** Incoming 2nd grade through 9<sup>th</sup> grade girls.

**When:** May 28th, 29th, 30th

**Where:** Jarrell High School Gym

**Cost: \$50 per child**

**\*\*\$35 per additional child from the same household**

**\*\* \$35 for children of any JISD school employee**

**Cash or check will be accepted.**

**Make Checks payable to: Jarrell Athletics**

**Session Times for Basketball Camp:**

**Session 1:** 9:00 a.m. - 11:30 a.m. **Incoming 2nd -- 5<sup>th</sup> graders**

**Session 2:** 1:00 p.m. - 3:30 p.m. **Incoming 6<sup>th</sup> – 9<sup>th</sup> graders.**

Have your child bring water and snacks. Make sure that your daughter wears tennis shoes, has hair pulled back, and does not have any jewelry on. Small stud earrings are ok.

- Gym will open at 8:30 am for morning campers.
- Gym will be open at 12:30 pm for afternoon campers.

**About the Basketball Camp:** Competition/Skills Camp. Skills will include ball handling, dribbling, passing, shooting, rebounding, shooting competitions, scrimmaging, defense, and offense.

**Deadline:** Please register your child by **May 22nd** so we will know how many t-shirts to order and this will guarantee them a t-shirt. **It is ok to register the day of the camp, however your child is not guaranteed a shirt.**

**Registration:** Return form and Money PE Teacher (Jarrell Elementary), Andy Pell (Igo Elementary), Kim Hoch (Double Creek), Marlena Brown (High School), or Jasmine Vasquez (Middle School).

For more information, contact Marlena Brown [marlena.brown@jarrellisd.org](mailto:marlena.brown@jarrellisd.org)

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Name: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

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

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

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

Parent Email: \_\_\_\_\_

Basketball Camp (\$50)\_\_\_\_\_

T-Shirt Size:    YM    YL    S    M    L    XL    **(Circle One)**

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

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

**Please use the Google Link below to pre register your child. This will help the coaching staff better plan and prepare for camp.**

[Camp Sign up Link](#)