2019 TEXAN BASKETBALL CAMP
JUNE 10-13
TEXAN DOME
LEVELLAND, TX
9 A.M. - 4 P.M.
$125 PER CAMPER
FOR BOYS AND GIRLS 2ND GRADE - HIGH SCHOOL SOPHOMORES
LUNCH INCLUDED

PLEASE CONTACT SOUTH PLAINS COLLEGE
ASSISTANT COACH TYLER NOTCH AT
TNOTCH@SOUTHPLAINS COLLEGE.EDU OR
806-716-2221 TO REGISTER

PLEASE INCLUDE: NAME, GRADE, SHIRT SIZE
ADDRESS AND CONTACT INFORMATION

CAMP LED BY SOUTH PLAINS COLLEGE HALL OF FAME
HEAD COACH STEVE GREEN, 3X NJCAA NATIONAL CHAMPION
CAMP REGISTRATION, RELEASE, & HOLD HARMLESS STATEMENT

Last Name: ________________________________ First Name: ________________________________
Physical Address: __________________________ Mailing Address: __________________________
City: ______________________ State: ___________ Zip Code: ___________
Home Phone#: _____________________________ Cell #: _____________________________
E-Mail Address: _____________________________ Gender: Female ☐ Male ☐
Birthdate: ___________________ Age: _______ Grade in Fall 2019: ___________________

Please mark all camps participant will be attending:

**Texan Basketball Camp – Boys and Girls - Grades: 2nd – 10th**

June 10-13, 2019 (25.00 deposit is due at time of registration, and is non-refundable after June 3, 2019)

☐ Day Camper - $125.00
   T-Shirt Size: S M L XL (men’s sizes)

**Little Texan Big Skills Camp – Boys & Girls - Ages: 4 – 15**

July 29-31, 2019 (25.00 deposit is due at time of registration, and is non-refundable after June 3, 2019)

☐ Day Camper - $100.00 (Price includes: Camp Ball and T-Shirt)
   T-Shirt Size: ____________

PAYMENT INFORMATION:

☐ Deposit ONLY ☐ Paid in full Amount Enclosed $______________
Payment Method: ☐ Cash ☐ Check #________ (Driver’s License # must be on Check)

I have read and understand that any deposit required is only non-refundable through the date specified, and that special request must be approved by the Camp Director.

Parent Signature: ________________________________ Date: ________________________________

Please bring registration and payment to South Plains College Levelland Technical Arts 118 or mail to:
South Plains College
1401 South College Avenue, Box 6
Levelland, Texas 79336
Phone #: 806-716-2341
SOUTH PLAINS COLLEGE
CAMP RELEASE AND HOLD HARMLESS STATEMENTS FOR MINORS

This form must be filled out and signed by parent or guardian prior to camp start.

CHILD’S NAME ___________________________ BIRTHDATE ___________________________

In consideration of my child or ward’s participation in the South Plains College programs, I, do hereby, for my child or ward and myself, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge the South Plains College District of and from any liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to connected with, or growing out of participation in said programs, including, but not limited to liability and claims arising from the negligence of the parties hereby released. I understand that the College District does not provide any hospitalization or medical insurance to cover my child or ward from hospital or medical expenses incurred related to participation in the program and that I am solely responsible for the payment of any and all hospital and/or medical bills including ambulance services.

Parent Guardian Information:

MOTHER’S NAME ___________________________ HOME PHONE ___________
ADDRESS ___________________________ CELL PHONE ___________
FATHER’S NAME ___________________________ HOME PHONE ___________
ADDRESS ___________________________ CELL PHONE ___________

In Case of Emergency, Contact:

NAME ___________________________ RELATIONSHIP ___________________________
HOME # ___________ WORK # ___________ CELL # ___________

NAME ___________________________ RELATIONSHIP ___________________________
HOME # ___________ WORK # ___________ CELL # ___________

PARENT/GUARDIAN SIGNATURE ___________________________ DATE ___________

TALENT AGREEMENT

I willingly authorize the use of the voice and/or image of that of my child or ward to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes only by South Plains College. I, or my child or ward, shall receive no compensation for participation in these activities. I hereby release South Plains College and its employees or agents from all liability whatsoever which may or might result from my child or ward’s participation in these activities. Having noted the terms so stated, I, being of legal age and acting as legal guardian, do hereby agree to allow South Plains College to use, publish, or copyright these audio and visual recordings, in which my child or ward participated in perpetuity.

CHILD’S NAME (PRINT) ___________________________

PARENT/GUARDIAN SIGNATURE ___________________________ DATE ___________

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request reasonable accommodations should notify the Disability Services Office at least 10 business days prior to camp. In accordance with federal law, a student requesting accommodations
must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, contact Linda Young at 806-716-2577.