

**2017**  
**CEDAR CREEK**  
**ATHLETIC**  
**SUMMER SPORTS CAMPS**



Offered by Cedar Creek Athletic Department

**Camps for Girls**

- 101. **Girls Basketball (\$40)** JUNE 19-22, 2017  
Incoming 7th - 9th 8:00 am - 10:00 am  
CCHS Large Gym
- 102. **Softball (\$40)** JUNE 12-13 2017  
Grades 1st - 9th 9:00 am - 12:00 pm  
CCHS Softball Field
- 103. **Volleyball (\$40)** JULY 17-20, 2017  
Incoming 5th - 7th 12:00 pm - 2:00 pm  
Incoming 8th - 9th 2:00 pm - 5:00 pm  
CCHS Large Gym

**Camps for Boys**

- 201. **Baseball (\$15 ea/\$40 all 3)** JUNE 26-28, 2017  
Grades 1st - 9th 10:30 am - 12:00 pm  
CCHS Baseball Field 26<sup>th</sup> - Pitchers  
(T-shirt provided if participating 27<sup>th</sup> - Defense  
in all 3 baseball camps) 28<sup>th</sup> - Hitting
- 202. **Boys Basketball (\$40)** JUNE 12-15, 2017  
Incoming 4th - 6th 8:00 am - 10:30 am  
Incoming 7th - 9th 7:00 pm - 9:00 pm  
CCHS Large
- 203. **Freshman Football (\$40)** AUGUST 7-10, 2017  
Incoming 9th 8:00 am - 11:00 am  
CCHS Athletic Field
- 204. **Eagle Football (\$40)** JULY 31- AUG. 3, 2017  
Grades 2nd - 8th 8:00 am - 11:00 am  
CCHS Athletic Field

**Camps for Boys and Girls**

- 301. **HS/MS Strength & Conditioning (\$50)**  
JUNE 12, 2017 - JULY 27, 2017 (off JULY 3-6)  
Monday - Thursday (8:00 am - 10:00 am)
- 302. **Soccer (\$30)**  
JUNE 19-21, 2017  
Incoming 6th-9th (8:30 am - 11:30 am)
- 303. **Tennis (\$40) \*\* Must have own racquet \*\***  
AUGUST 7-10, 2017  
Incoming 4th-8th (8:00 am - 10:00 am)  
Camp Tournament vs. Bastrop @ CCHS - Aug 10, 2017

**2017 CEDAR CREEK SPORT CAMP INFORMATION**

- CAMP FEES AND T-SHIRTS**
- Camp fees are indicated by each camp.
  - Siblings that attend **same** camp - first sibling will pay the camp amount and remaining siblings will pay \$25.00 each.
  - Registration fees are due 7 days prior to the first day of camp. Campers may enroll on the day of the camp, but are not guaranteed a camp T-shirt.
  - Each camper will receive a camp T-shirt, if pre-registered one week before camp start date. Indicate shirt size on Registration and Release form.
  - Baseball shirt provided if participating in all 3 camps.

T-SHIRT SIZES:  
**YS, YM, YL, XXL, AS, AM, AL, AXL, AXXL**

**PAYMENT OPTIONS**

IN OFFICE - Fees can be paid by cash or check - no Credit Cards. Drop off Registration and Release form with payment at:

Cedar Creek High School  
793 Union Chapel Rd.  
Cedar Creek, TX 78612

MAIL - Registration and Release form and check made payable to **Cedar Creek Athletics** with a driver's license number to:

Summer Camp Registration  
Cedar Creek Athletic Department  
793 Union Chapel Rd.  
Cedar Creek, TX 78612

(check's without a driver's license number will not be processed)

**REFUND POLICY** - No Refunds

**ADDITIONAL INFORMATION**

Athletic Secretary - Cheryl Osborn at 512-772-7325  
Athletic Coordinator - Jon Edwards at 512-772-7371

8:00 am - 4:00 pm, Monday - Friday (till June 2nd)  
Summer Hours: 7:00 am - 5:00 pm, Monday-Thursday  
\*\* Summer Hours are June 5th - July 27th \*\*

**REGISTRATION AND RELEASE FORM  
(ONE FORM PER CAMPER)**

Camper's Name: \_\_\_\_\_  
 Grade: (Fall 2017) \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Mobile Phone #: \_\_\_\_\_  
 Emergency Phone #: \_\_\_\_\_  
 Camper Sibling Name(s): \_\_\_\_\_

<u>CAMP NUMBER/TITLE</u>	<u>AMOUNT</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Payment Method: (please check)  Cash  Check

Checks payable to: **Cedar Creek Athletics** - Please make sure DL# is on the check. Without DL#, registration will not be processed. (**Returned checks will be handled by CheckRedi Recovery System**)

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bastrop Independent School District, the camp and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_