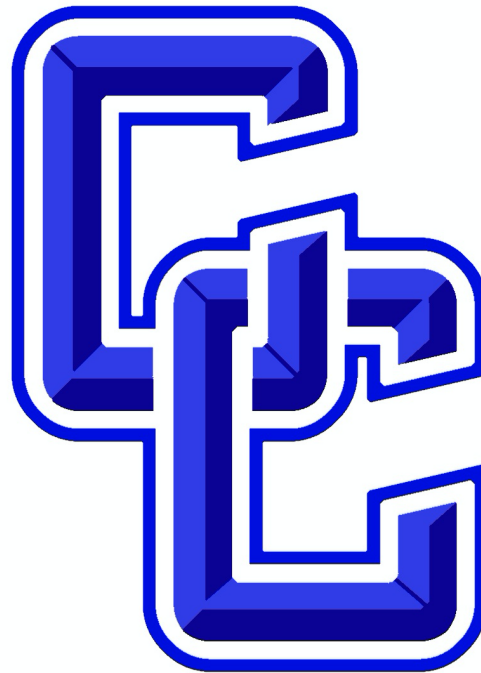


2021
CEDAR CREEK EAGLES
SUMMER SPORT CAMPS



Camps for Girls

- 101. Girls Basketball** Incoming 7th-9th
 JUNE 15-16 (\$40) 10am-noon
 CCHS Large Gym Questions: ecray@bisdtx.org
- 102. Softball** Incoming 1st-9th
 JUNE 8-9 (\$40) Regular (10am-11:30am)
 JUNE 9 (\$20) Pitcher/Catcher (1pm-2:30pm)
 CCHS Softball Field Questions: swilson@bisdtx.org

103. Volleyball
 DATES AND TIMES - TO BE DETERMINED

Camps for Boys

- 201. Baseball** Incoming 1st-9th
 JUNE 23rd (\$20) Defense/Pitching (10am-noon)
 JUNE 24th (\$20) Hitting/Base Running (10am-noon)
 CCHS Baseball Field Questions: jthomas2@bisdtx.org
- 202. Boys Basketball** Incoming 3rd-9th
 JULY 12-15 (\$50) Skill Development (9am-11:30am)
 JULY 12-15 (\$50) Offense/Defense (12:30pm-3pm)
 * 2-DAY PASS (\$80)..... Discount for both camps
 CCHS Large Gym Questions: vmaxwell@bisdtx.org
- 203. Youth Football**
 JUNE 8-9 (\$30) Incoming 3rd-6th (5:30pm-7pm)
 AUG 2-4 (\$30) Incoming 7th-9th (9am-11am)
 CCHS Athletic Field Questions: bhilll@bisdtx.org

- CAMP FEES:**
- Fees are indicated by each camp.
 - Siblings that attend the **same** camp – first sibling will pay full camp fee and remaining siblings will pay half for the same camp. To receive this discount, the paper form will need to be completed and payment made with check/cash. **No online registration or credit card payment is available for this option.**
 - Fill out one form per camper and sign the release.
JUNE camp payments are due by 6/1/21
JULY camp payments are due by 6/24/21
AUGUST camp payments are due by 7/29/21

T-SHIRTS - Not all camps will have t-shirts available.

REFUND POLICY - No Refunds

Camps for Girls and Boys

- 301. Strength & Conditioning**
Recommended for all incoming 9th-Varsity athletes
 (\$80) 7-Week Program MON-THUR (7am-8:45am)
 June 7-10; June 14-17; June 21-24
 July 5-8; July 12-15; July 21&22; July 26-29
 CCHS Athletic Field Questions: bhilll@bisdtx.org
- 302. Soccer**
 JUNE 16-17 (\$40) Incoming 6th-9th (10am-noon)
 CCHS Athletic Field Questions: thorton@bisdtx.org
- 303. Golf**
 JULY 26-29 (\$75) Incoming 5th-9th (5:30pm-7:30pm)
 ColoVista Driving Range Questions: jfdler@bisdtx.org

304. Tennis

- *Must provide own racquet*
 AUGUST 2-5 (\$40) Incoming 5th-8th (10am-noon)
 CCHS Tennis Courts Questions: jwaltrip@bisdtx.org

PAYMENT OPTIONS:
 Fees can be paid by check/cash or credit card.

CREDIT CARD payments can only be made using the online registration at the following website. You can register multiple athletes for multiple camps for only one processing fee. Click on the drop-down to select Cedar Creek HS camps at this link:

<https://www.bisdtx.org/Page/8219>

IN PERSON fees can be paid only by cash or check.
 No Credit Card payments for this option.
 Drop off registration and payment at the front office:
 Cedar Creek High School
 793 Union Chapel Rd., Cedar Creek, TX 78612

MAIL the registration form and check, made payable to **Cedar Creek Athletics**, to the following address:
 (Make sure DL# and phone number is on the check)
Summer Camp Registration
Cedar Creek Athletic Department
793 Union Chapel Rd.
Cedar Creek, TX 78612

ADDITIONAL INFORMATION

Athletic Secretary: 512-772-7325
 School Hours: 8am-4pm, MON-FRI (thru 5/28/21)
 Summer Hours: 7am-5pm, MON-THR (June & July)

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

Camper's Name: _____

Grade: (Fall 2021) _____ T-Shirt Size: _____

Address: _____

City: _____ Zip: _____

Emergency Phone #: _____

Emergency Phone #: _____

e-mail: _____

Camper Sibling Name(s): _____

<u>CAMP 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# and phone number is on the check. Without these, camp 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 _____