2019
CEDAR CREEK
ATHLETIC
SUMMER SPORTS CAMPS

Offered by Cedar Creek Athletic Department
CEDAR CREEK SPORT CAMP 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 half of that camp.
- Registration fees are due 5 days prior to the first day of camp. Campers may enroll on first day of camp, but are not guaranteed a camp T-shirt.
- If pre-registered one week before camp start date, each camper will receive a T-shirt. Indicate shirt size on Registration and Release form.
- Baseball shirt provided if pre-registered AND participating in all 3 camps.

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

PAYMENT OPTIONS – CHECK OR CASH ONLY
No Credit Cards
IN OFFICE – Fees can be made at the front office
Drop off Registration and Release form in person 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 to:
Summer Camp Registration
Cedar Creek Athletic Department
793 Union Chapel Rd.
Cedar Creek, TX 78612
(check’s without a driver’s license and phone number will not be processed)

REFUND POLICY - No Refunds

ADDITIONAL INFORMATION
Athletic Secretary - Cheryl Osborn at 512-772-7325
School Hours: 8:00 am – 4:00 pm, MON – FRI
School Schedule (till May 31st)

Summer Hours: 7:00 am – 5:00 pm, MON – THUR
Summer Schedule (June 3rd – Aug 1st)

REGISTRATION AND RELEASE FORM
(ONE FORM PER CAMPER)

Camper’s Name: ________________________________

Grade: (Fall 2019) ___________________ T-Shirt Size: ________

Address: _______________________________________

City: ______________________________ Zip: ______________

Emergency Phone #: _____________________________

Emergency Phone #: _____________________________
e-mail: ________________________________

CAMP NAME

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<th>AMOUNT</th>
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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 __________________