

Dale Reed Basketball Camps



2025 BASKETBALL CAMPS

Middle School Camp

June 2-5 Monday – Thursday
1:00 p.m. – 5:00 p.m. (Entering 7th – 9th Grades)

Elementary Camps

June 9 – 12 Monday – Thursday
1:00 p.m. – 5:00 p.m. (Entering 1st- 6th Grades)

June 16 - 19 Monday – Thursday
1:00 p.m. – 5:00 p.m. (Entering 1st- 6th Grades)

Location: The Woodlands H.S. 9th Grade Campus

CAMP COST

\$200 for one Week or \$360 for both Weeks
(Sibling discount \$10 off for each additional sibling)

**Electronic payment available on Venmo @Dale-Reed-24
or Zelle dar24wsu@yahoo.com**

You **DO NOT** have to attend a TWHS feeder school to come to our camps.
All students are welcome. **ELEMENTARY kids can now attend BOTH weeks!**

Every camper will receive a

❁FREE T-SHIRT❁

Scan link for online application or send check and application to Dale Reed:



Dale Reed
Head Coach Varsity Boys Basketball
THE WOODLANDS H.S.
6101 Research Forest Drive
The Woodlands, TX 77381

For questions call or email:

936-709-1470

www.highlanderbasketball.org

Email: dar24wsu@yahoo.com

Twitter - @TWHCoachReed

Form can be printed and mailed, or an electronic form can be found here:

<https://forms.gle/mySd6RURsHuru9v36>

Location: The Woodlands H.S. 9th Grade Campus

Name _____ Entering Grade Fall 2025 _____

Address _____ City _____ State _____ Zip _____

Age _____ DOB _____ Parent Phone _____

Parent's Email Address _____

Name of Student's School Fall 2025 _____

Circle which camp(s) the camper will be attending:

Middle School Camp

June 2-5

Elementary Camp

June 9-12

June 16-19

Both Weeks

Do you have Medical Insurance? Yes No

PARENTS, RELEASE AND INDEMNITY AGREEMENT TO:

DALE REED Basketball Camps

We (or I), hereby request that you accept the application for enrollment of _____ in the ***DALE REED Basketball Camp*** on dates set forth in this application and in consideration of your acceptance of the application, we (or I) hereby release the ***DALE REED Basketball Camp*** and all their employees and agents from all claims on account of any injuries which may be sustained by our (or my) son/daughter while attending the ***DALE REED Basketball Camp***, and its employees and agents for any claim which may be hereafter presented by our (or my) minor son/daughter.

I understand that the Conroe Independent School District (CISD) will not provide transportation for my child to participate in the camp to be conducted at TWHS Main Campus/ 9th Grade Campus under the responsibility of Coach Dale Reed. I also understand that it is my responsibility to provide transportation for my child to any competitions regardless of where held.

I the undersigned, have read this 2025 Parent Acknowledgement and understand all the terms. I have executed it voluntarily with the full knowledge of its significance. Check box if you don't want child in any camp pictures on Dale Reed Camp social media posts.

Date _____ Parent Signature _____

Circle one size for T-Shirt: YM YL Adult S M L XL XXL

Cut and send top portion along with payment

For More Information Call:

Dale Reed

DALE REED Basketball Camps

(936) 709-1470 (Office)

Email: dar24wsu@yahoo.com

