

# Dale Reed Basketball Camps



## 2025 BASKETBALL CAMPS

### Middle School Camp

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

### Elementary Camps

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

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

Location: The Woodlands H.S. 9<sup>th</sup> 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](http://www.highlanderbasketball.org)

Email: dar24wsu@yahoo.com

Twitter - @TWHCoachReed

Form can be printed and mailed, or an electronic form can be found here:  
[2025 Dale Reed Basketball Camps Brochure](#)

**Location: The Woodlands H.S. 9<sup>th</sup> 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/ 9<sup>th</sup> 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

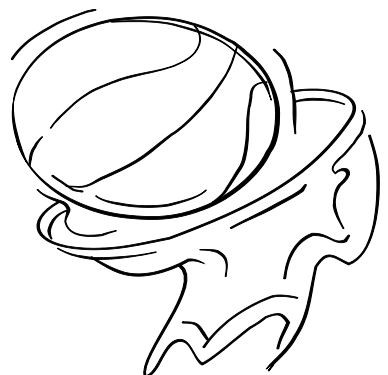
Cut and send top portion along with payment

**For More Information Call:**

**Dale Reed**

***DALE REED Basketball Camps***

**(936) 709-1470 (Office)**



**Email: [dar24wsu@yahoo.com](mailto:dar24wsu@yahoo.com)**