

# 2K18 Cypress-Creek Elite Shooting Clinic

## 3<sup>rd</sup>-9<sup>th</sup> Grade

### June 25-27<sup>th</sup>

1:00pm-4:00pm



Our Elite Shooting Clinic is designed to help athletes learn the game in a fun and competitive environment. Our camp will feature small group skill development sessions, shooting instruction, team defensive/offensive concepts and live competition.

Athlete Information:  
Athlete Name: \_\_\_\_\_

2018-2019 School Year Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_  
Guardian Email: \_\_\_\_\_  
2017-18 School Attended: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_  
Athlete Experience (years): \_\_\_\_\_

T-Shirt Size (must prepay to be guaranteed a T-Shirt): YS YM YL S M L XL

Payment Method (check one):  Mailed with Forms  Dropped off at School  Pay at Door

Payments of cash, check or money order will be accepted

Bottom section and Athletic Participation Consent Form must be mailed to or dropped off at address listed above.

## Camp Focus

3 Days of Intensive Shooting On:

### Long Range Shooting



### Shooting Mechanics



### Game Film Break Down



### Footwork Mechanics



### REQUIREMENTS

- Physical paperwork for students entering 7th-9th grade (3<sup>rd</sup>-6<sup>th</sup> grade students do not need one)
- Bring a copy with you so we may put it on file.
- Athlete information slip (see below)  
Athletic participation consent form

### CAMP FEES

- \$50 per athlete
- Fee includes camp T-Shirt (not guaranteed when paid at door)
- Money must be received by May 22nd to guarantee a t-shirt
- Fee can be paid on first day of camp or paid early.
- Money information slip and consent form may be dropped off or mailed to:

Cypress Creek High School

Attn: Daniel Trocquet

9815 Grant Rd., Houston TX 77070

### FOOD

Snack and beverages will be sold during breaks. Athletes may also bring their own items.

Contact:

Daniel Trocquet: [Daniel.trocquet@cfisd.net](mailto:Daniel.trocquet@cfisd.net)

Corey Graham: [corey.graham@cfisd.net](mailto:corey.graham@cfisd.net)

Cypress Creek Athletic Office:

281-897-4020

### Athletic Participation Consent Form

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgement of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatments as may be given to said student by an physician, trainer, nurse, hospital or school representative.

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

