



## 2020 Spring Woods High School Summer Strength and Conditioning Camp

June 1-4, 8-11, 15-18, 22-25, 29-July 2, 6, 9, 10, 13-16, 22-24, 27-30, August 3-6 (Monday through Thursday)  
7:45am-9:45am 10<sup>th</sup>-12<sup>th</sup> graders, 10:00am-11:30am 7<sup>th</sup> graders – 9<sup>th</sup> graders, 6:00pm-8:00pm evening session  
Available to incoming 7<sup>th</sup> graders – 12<sup>th</sup> graders

**\$125.00 (Scholarships are available)**

The objective is to help maintain and improve the athletes' level of physical strength, conditioning, flexibility, speed, and agility over the summer months in order to prepare for the 2020-21 school year.

Location: West Support Center, 2100 Shadowdale, Houston, Texas 77043 (building entrance faces Tiger Trail)

### **MAKE CHECKS PAYABLE TO: SBISD ATHLETICS (maximum amount is \$125)**

Spring Woods High School  
Coach Cripps  
2045 Gessner  
Houston, Texas 77080

Remind 101  
send a text to 81010  
text this message @swhsstren

Any questions please call Coach Cripps at 832 724-6160 or email [keith.cripps@springbranchisd.com](mailto:keith.cripps@springbranchisd.com).  
Coach Harrell at 281 704-1216 or email [scott.harrell@springbranchisd.com](mailto:scott.harrell@springbranchisd.com).

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## 2020 Spring Woods High School Summer Strength and Conditioning Camp Registration & Waiver Form

I, the undersigned, being the individual, parent or legally authorized guardian of \_\_\_\_\_, agree to hold the Spring Branch Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which my child may receive while participating in any recreational activities or utilizing the Spring Branch Independent School District facilities. I herewith authorize the Director, supervisor and/or district employee to secure medical services for any family member if necessary, and I agree to pay either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Name of Parent/Guardian: (please print) \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### Athlete/Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

School Attended in 2019-2020: \_\_\_\_\_ Grade in 2020-2021: \_\_\_\_\_

In case of emergency and parents cannot be reached, contact the following:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Any concerns, medical conditions or allergies – please list: \_\_\_\_\_

**\*A current physical and consent to treat form must be on file with SBISD before an athlete may participate.**

