



## 2018 Spring Woods High School Summer Strength and Conditioning Camp

June 11-14, 18-21, 25-28, July 9-12, 16-19, 30-August 2 (Monday through Thursday)

7:45am-9:45am or 6:00pm-8:00pm

Available to incoming 7<sup>th</sup> graders – 12<sup>th</sup> graders

\$100.00 (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 2018-2019 school year.

Location: Spring Woods High School Field House – Tiger Trail side, next to baseball field

### **MAKE CHECKS PAYABLE TO: SBISD ATHLETICS**

Spring Woods High School

Coach Cripps

2045 Gessner

Houston, Texas 77080

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

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## 2018 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 2017-2018: \_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_

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 must be on file with SBISD before an athlete may participate.**