



2018

GEORGE RANCH 2nd-9th GRADE FOOTBALL CAMP

PROGRAM DETAILS:

Dates: 7/30-8/1 Time: 8:00-11:00am

Payments of must be made by **CASH, CHECK** or **MONEY ORDER**. There are **NO** refunds for days missed. Please make check or money order payable to: **GRHS Activity Fund #4.**

Method of Payment: Total = \$50.00

- Cash (Receipt # _____)
- Check (Check # _____)
- Money Order (M.O. # _____)

SHIRT SIZE:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XX-Large |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XXX-Large |

QUESTIONS:

If you have any questions please contact Campus Athletic Coordinator/Head FB Coach Nick Cavallo

- Email: ncavallo@lcisd.org
- Phone: 832-223-4360

PARENT/GUARDIAN CONSENT:

By signing, the parent/guardian agrees to all terms and conditions included in the Physical/Athletic Participation Form and agrees to waive all liability of LCISD and its employees who are staffing the program. The parent/guardian also agrees that the staff may dismiss any participant who they deem disruptive and no refund will be issued for missed participation.

INFORMATION FOR PARENTS:

All campers will receive a camp shirt. Please bring a towel, shorts, socks, shoes, shirt, cap or sunscreen each day. Your children will be coached in the following focus areas—

- *Strength & Conditioning:* with specific instruction on safety and technique.
- *Nutrition:* weight loss, weight gain, and healthy eating habits.
- *Academics:* study habits, note taking, listening, proper behavior, and how to study.
- *How to be a Longhorn:* Leadership, accountability, and responsibility.

REGISTRATION FORM:

Each student-athlete needs to provide his/her own registration forms with parental consent.

ATHLETE INFORMATION FOR 2018-2019:

Grade: _____ Age: _____

Athlete's Name (Please Print)

Parent's Name (Please Print)

Parent's Signature

Date

Parent's Address

Parent's Phone

F.A.M.I.L.Y.

THIS ORGANIZATION AND ITS ACTIVITIES ARE NOT RELATED TO OR SPONSORED BY LAMAR CONSOLIDATED ISD.