



**2013 FRESHMAN FOOTBALL POSITION CAMP  
AUGUST 5,6 and 7th  
THE WOODLANDS FRESHMAN CAMPUS**



**PURPOSE:** 1) Introduce the freshman to the high school coaching staff  
2) Orientation for freshman football players entering TWHS.  
3) Position specific coaching, skill evaluation and skill development.

**DATE:** August 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> from 9am. - 12pm.

**WHERE:** THE WOODLANDS FRESHMAN CAMPUS  
10100 BRANCH CROSSING DRIVE

**STAFF:** Mark Schmid head Football Coach, The Woodlands High School  
The Varsity Coaching staff and the freshman football coaching staff

**COST:** \$40.00 per camper and scholarships are available.

**MAKE CHECKS PAYABLE TO MARK SCHMID**

**WHO:** All freshman who will be playing or interested in playing football at the Woodlands High school in the fall of 2013

**REGISTRATION FORM:**

**Send application to:**

The Woodlands High School  
Freshman Campus  
Football office  
10100 Branch Crossing Drive  
The Woodlands Texas, 77382  
Attention: Shane Graves

***OFFENSIVE POSITION: OL RB REC QB***

***DEFENSIVE POSITION: DT DE LB C S***

***SPECIALTY: Punter Kicker Deep Snapper***

**ALL FRESHMAN CAMP PARTICIPANTS WILL GET A T-SHIRT**

***T-SHIRT SIZE: S M L XL XXL***

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF PARENT \_\_\_\_\_

If you have any questions please contact Shane Graves at the Woodlands High School Freshman campus 832-592-8200 or Mark Schmid at the Woodlands High School at 936-273-8580.

**INSURANCE WAIVER**

Participant's name \_\_\_\_\_ Sport \_\_\_\_\_

Activity \_\_\_\_\_ Site of Activity \_\_\_\_\_

In order for you child to participate in the 2013 Freshman Football position camp, it is necessary for you to sign this statement indicating your understanding that the school district does not carry insurance covering injuries your child may sustain.

The undersigned are the parent or legal guardians of \_\_\_\_\_. By my signature, I am informing Conroe Independent School district that I understand the district is not responsible for any accident or payment resulting from such accident. In the event of injury to our child, we recognize that Conroe Independent school district; its board of trustees, its agents, and its employees are no way liable for any injuries, medical expenses, or damages and will have no insurance for our child. We have made the choice of using our personal insurance program. We acknowledge that we have made the choice on behalf of our child without and interference for anyone serving or employed by Conroe ISD in any capacity.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 2013

PARENT SIGNATURE \_\_\_\_\_

Father

Mother