



**2014 FRESHMAN FOOTBALL POSITION CAMP
AUGUST 4,5 and 6th
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 4th, 5th and 6th from 9am. - 12pm. Please arrive 30 min. We will provide shirt and shorts.
Bring cleats and tennis shoes (flats) in case of bad weather and we have to go in the gym.
- WHERE:** THE WOODLANDS FRESHMAN CAMPUS
10010 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 2014

REGISTRATION FORM:

Send application to: * *Please circle your offensive and defensive position*
The Woodlands High School **OFFENSIVE POSITION: OL RB REC QB**
Freshman Campus
Football office **DEFENSIVE POSITION: DT DE LB C S**
10010 Branch Crossing Drive
The Woodlands Texas, 77382 **SPECIALTY: Punter Kicker Deep Snapper**
Attention: Shane Graves

ALL FRESHMAN CAMP PARTICIPANTS WILL GET A T-SHIRT * *Circle your t-shirt size*

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 2014 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 _____ 2014

PARENT SIGNATURE _____

Father

Mother

