

THE 11th ANNUAL MARK SCHMID FOOTBALL CAMPS

Fundamental (2nd, 3rd, 4th and 5th graders)

Junior High Position (6th, 7th and 8th graders)

Times: June 23 – 26, 2014 9:00 a.m. – 11:00 a.m.

July 7 – 10, 2014 9:00 a.m. – 12:00 p.m.

Cost: \$85 per camper (if sibling is attending same camp then it would be \$85 for first camper and \$70 for sibling)

(includes t-shirt)

(includes t-shirt)

Where: The Woodlands High School Football Fields and Field House

Camp Director - Mark Schmid, TWHS Head Football Coach

Staff - TWHS football coaches and former players

Attire: Campers should wear shorts, T-shirts and some type of cleats.

WATER WILL BE AVAILABLE DURING CAMP

FOR MORE INFORMATION CONTACT plouwerse@conroeisd.net 936-709-1200 or www.highlanderfootball.net

REGISTRATION FORM

Send form and make check payable to:

Camp (CHECK ONE): Fundamental _____ : Jr. High _____

Mark Schmid

Athletic Office – The Woodlands High School

6101 Research Forest Dr.

The Woodlands, TX 77381

CIRCLE T-SHIRT SIZE: YS YM YL YXL or AS AM AL AXL

TO GUARANTEE a T-shirt and/or size, REGISTRATION DUE 6/6/14

However walk-ups are welcome

Name _____ Age _____ School and Grade (Fall '14) _____

Address _____ City _____ St. _____ Zip _____

Contact Phone Number: _____ Email: _____

Date _____ Signature of Parent or Guardian _____

There will be a \$35 fee for all returned checks.

Full refunds will only be made prior to the first day of camp.

INSURANCE WAIVER

PARTICIPANT'S NAME _____ SPORT _____

ACTIVITY _____ SITE OF ACTIVITY _____

In order for your child to be able to participate in the 2014 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not carry insurance covering injuries your child may sustain.

The undersigned are the parent or legal guardian of _____.

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such accident.

In the event of injury to our child, we recognize that the 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 only our personal insurance program. We acknowledge that we have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe Independent School District in any capacity.

DATE

PARENT or GUARDIAN SIGNATURE

This form does not need to be notarized.