



**2017 FRESHMAN FOOTBALL POSITION CAMP**  
**July 31<sup>st</sup>- August 2<sup>nd</sup>**  
**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:** July 31-Aug. 2nd 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:** \$45.00 per camper and scholarships are available.

**MAKE CHECKS PAYABLE TO MARK SCHMID**

**WHO:** All freshmen who will be playing or interested in playing football at the Woodlands High school in the fall of 2017

**REGISTRATION FORM:**

**Send application to:**

The Woodlands High School  
 Freshman Campus  
 Football office  
 10010 Branch Crossing Drive  
 The Woodlands Texas, 77382  
 Attention: Shane Graves

***\* Please circle your offensive and defensive position***

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

***DEFENSIVE POSITION: DL LB C S***

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

**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 your child to participate in the 2017 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 \_\_\_\_\_ 2017

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

Father

Mother