

THE 14th ANNUAL MARK SCHMID FOOTBALL CAMP

Position Camp (Incoming 5th - 8th graders)

July 10 – 13, 2017 9:00 a.m. – 12:00 p.m.

Cost: \$90 per camper (\$75 for sibling)
(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 936-709-1480 or www.highlanderfootball.net

REGISTRATION FORM

Send form and make check payable to:

Mark Schmid
Athletic Office – The Woodlands High School
6101 Research Forest Dr.
The Woodlands, TX 77381

CIRCLE T-SHIRT SIZE: YS YM YL or AS AM AL AXL AXXL
TO GUARANTEE a T-shirt and/or size, REGISTRATION DUE 6/29/17
However walk-ups are welcome

PLEASE PRINT ALL INFORMATION

Name _____ Age _____ School and Grade (Fall '17) _____

Address _____ City _____ St. _____ Zip _____

Contact Phone Number: _____ Email: _____

Date _____ Signature of Parent or Guardian _____

Printed Name: _____

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 2017 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.