

LADY MUSTANG STRENGTH & CONDITIONING CAMP

The Lady Mustang Strength & Conditioning Camp is designed for incoming 7th-12th grade female athletes (for the upcoming 2017-2018 school year). The camp will be held at the North Shore 9th Grade Center from 10:00AM to 12:00PM, Monday through Thursday. Camp times may change when camp sizes are set.

REQUIREMENTS:

1. All athletes must be zoned or enrolled in a North Shore feeder program for the 2017-2018 school year (Grades 7-12).
2. All athletes must have a current physical and emergency card on file with the athletic training department at North Shore Senior High School.
3. The camp tuition will be \$50.00. We can only accept cash or money orders made payable to: Galena Park ISD. No checks. Please check the Galena Park ISD District Website for information regarding online camp payments.

Registration Week: June 5th-June 8th (North Shore Senior High Main Gym 8AM-2PM)

Week 1: June 12th-June 15th

Week 4: July 10th-July 13th

Week 2: June 19th-June 22nd

Week 5: July 17th-July 20th

Week 3: June 26th-June 29th

Week 6: July 24th-July 27th

REGISTRATION INFORMATION

ATHLETE'S FULL NAME: _____ AGE: _____ BIRTHDATE: _____

LAST GRADE COMPLETED: _____ LAST SCHOOL ATTENDED: _____

GRADE ATHLETE WILL BE IN FOR THE 2017-2018 SCHOOL YEAR: _____

SCHOOL ATHLETE WILL ATTEND FOR THE 2017-2018 SCHOOL YEAR: _____

PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

PLEASE SEE THE REVERSE SIDE OF THIS REGISTRATION FORM TO COMPLETE THE WAIVER

LIABILITY, MEDICAL & INSURANCE WAIVER:

THIS IS TO CERTIFY THAT I, PARENT OR LEGAL GUARDIAN OF _____, A PARTICIPANT IN THIS STRENGTH AND CONDITIONING CAMP, AGREE THAT THE CAMP ADMINISTRATORS/ COORDINATORS AND/OR EMPLOYEES OF GALENA PARK ISD WILL NOT BE HELD RESPONSIBLE FOR INJURIES AND DEATH THAT COULD OCCUR WHILE PARTICIPATING IN THIS PROGRAM, OR WHILE BEING TRANSPORTED TO OR FROM THE PROGRAM'S SESSION(S). I DO, HEREBY, RELEASE AND DISCHARGE THE ABOVE MENTIONED INDIVIDUALS AND SCHOOL DISTRICT THEREOF FOR ALL CLAIMS OR DAMAGES, DEMANDS, ACTIONS, OR WHATSOEVER IN ANY MANNER ARISING OR GROWING OUT OF MY SON'S/DAUGHTER'S PARTICIPATION IN THE STRENGTH & CONDITIONING COURSE. I GIVE THE RIGHT, HOWEVER, FOR THE STRENGTH AND CONDITIONING PERSONNEL TO ADMINISTER MEDICAL ATTENTION, UTILIZING MEDICAL FACILITIES IN THE AREA IF NECESSARY, IN CASE OF INJURY. I CARRY INSURANCE FOR THE PLAYER AFOREMENTIONED AND DO NOT HOLD THE PROGRAM RESPONSIBLE FOR INSURANCE. I AM AWARE THAT THE STRENGTH & CONDITIONING COURSE RESERVES THE RIGHT TO DISCONTINUE AN ATHLETE'S PROGRAM AT ANY TIME FOR ANY REASON.

ATHLETE'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR CAMP USE ONLY:

GRADE CHK: _____ SCHOOL CHK: _____ INFO CHK: _____

PHYSICAL: _____ EC: _____ SIGNATURE: _____

AMT PAID: _____ COACH: _____

PAYMENT NOTES: _____