

## 2018 Future Buccaneer







## Summer Strength & Conditioning Camp

\*Male & Female participants are welcome to attend

**Monday - Thursday** 

8:00 - 10:00 am

**June 18 - July 26** 

No Camp July 4

\$60 per Participant (6 Week Camp)

Incoming 7th and 8th Graders report to Lake Jackson's Main Gym at 7:45 am



Athletic Apparel is REQUIRED!



\* For additional information contact Coach Agan (LJI) or Coach Becerra (LJI)\*

730-7250 (LJI)

## Future Buccaneer Strength & Conditioning Camp Registration Form

**Camp Price:** \$60 (6 Week Camp)

Camp Dates: June 18 – July 26 (M, T, W, TH) Excluding July 4

**Session Times:** 8:00 – 10:00 am

\* Session times are subject to change depending on enrollment

Location: Lake Jackson Intermediate School Main Gym/Auxiliary Gym & Outdoor Areas

**Payment Info:** Make checks payable to B.I.S.D &

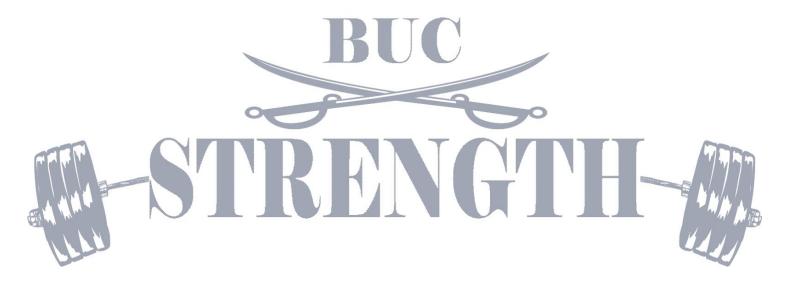
Return to Coach Agan at LJI

Will accept: Cash, Personal Check, Money Order, and Cashier's Check

More information: 979-730-7250 (LJI)

## \*All Accounts should be paid in full by <u>July 3<sup>rd</sup></u> or have made payment arrangements with Coach Agan

Last Name: <sub>-</sub>			First Name: _		
Address:				Apt. #:	
City:		State:_		Zip:	
Gender:	_ Age:	Sports Playing:			



Indicate incoming $7^{th}$ or $8^{th}$ grader for the $2018-2019$	School Year:					
Email Address:						
Father's Name:	Work#:					
Mother's Name:	Work#:					
Best Contact Name & #:						
Emergency Contact Name:	Emergency #:					
Insurance Company Name:	Policy #					
In consideration of my minor child's participation in the Strength and Conditioning Camp, I do hereby, for myself and my minor child, release and discharge Brazosport Independent School District and all personnel there of for all claims or damages, demand, action or whatsoever in any manner arising or growing out of my child's participation in the event. I attest and verify that I hereby release Brazosport Independent School District and all personnel from any liability now and in the future. This will include, but not be limited to heart attacks, muscle strains, ligament sprains and/or tears, fractures and stress fractures, heat illness, knee / lower back or foot injuries incurred during or after my child's participation in the event. If, in fact, any injury that requires emergency medical attention occurs, I grant permission for Brazosport Independent School District personnel to take action through medical facilities in the area. I have read the information in full, and to the best of my ability understand the information above.						
SIGNATURE FOR RELE	ASE OF LIABILITY					
Participant:	Date: <u>_</u>					
Parent or Guardian:	Date:					