

# THE 11th ANNUAL MARK SCHMID FOOTBALL CAMPS

**Fundamental** (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> graders)

**Junior High Position** (6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> 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](mailto:plouwerse@conroeisd.net) 936-709-1200 or [www.highlanderfootball.net](http://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.