

2019

SPARTAN FOOTBALL CAMP

**INCOMING 7-9th GRADERS
FOR 2019 SEASON**

Campers must live in Stratford Attendance Zone

Name _____ Phone Number _____

Address _____ Email _____

Grade as of 2019 _____

Medical Information _____

I, the undersigned, being the individual, parent, or legally authorized guardian of _____, agree to hold Spring Branch ISD, and its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries which my child may receive while participating in any recreational activities or utilizing the Spring Branch ISD facilities. I herewith authorize the Director, supervisor, and/or district employee to secure medical services for any family member if necessary, and I agree to pay directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature of parent or legal guardian

Date

Address of Parent or Legal Guardian

Phone

JULY 29th -
JULY 31st

LOCATION - SHS
PRACTICE FIELDS

CAMPERS BRING

Cleats, Athletic
Clothing, Water,
Tennis Shoes

6pm-8pm

FREE

Register by July 25. Walk Ups
welcome.

HEAD COACH

Todd Rankin

CAMP DIRECTOR

Bryan Keefner

QUESTIONS

bryan.keefner@springbranchisd.com

E.T.R.T.W

(Earn The Right To Win)