

# 2025 CY-FALLS STRENGTH AND CONDITIONING CAMP



**Where:** Cy-Falls Athletic Fields and Weight Room

**When:** 6/9 - 7/24(Monday-Thursday) **OFF Week of June 30th - July 4th along with June 19th**

**Cost:** \$100 per athlete

**Time:** 7:00am-8:35am (Incoming 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grade football players) / 10-11:35 (7<sup>th</sup>-9<sup>th</sup> Football along with all other sports)

Please wear shorts, t-shirt, running shoes, water and bring a positive attitude. .

**Online Registration and Payment Option:** <https://cypress-fairbanksisd.schoolcashonline.com/Fee/Details/149356/135/False/True>

Athlete Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Athlete Cell: \_\_\_\_\_ Athlete Email Address \_\_\_\_\_

2025-2026 Grade: \_\_\_\_\_ Jr. High Attended: \_\_\_\_\_ Athlete Date of Birth: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ (Initial) I understand that a CURRENT physical must be on file with the Training Staff and that the CFISD waiver must be complete for my athlete to participate in SSP Camp. The waiver can be found below, or may be completed online with above registration link.

## CFISD Parent or Guardian Participation Consent

By Typing my name below, as the parent / guardian of the above named athlete, I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competitions and camps. Safety is a high priority during athletic participation, however, as with any activity that involves physical or strenuous activity, injury may occur and I acknowledge that I am responsible for any medical or other costs associated with an accident or injury that may occur during the activity. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent or Legal Guardian if under 18 years of age)