# 2026 CY-FALLS STRENGTH AND CONDITIONING CAMP

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

**When**: 6/8 - 7/23 (Monday-Thursday) **OFF Week of June 29th - July 2nd**

**Cost**: $115 per athlete

**Time**: 7:00am-8:35am (Incoming 10th, 11th, 12th grade football players) / 10-11:35 (7th-9th 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/238569/135/False/True

Athlete Name: _____ Parent Name: _____

Parent Email Address: _____ Athlete Cell: _____ Athlete Email Address_____

2026-2027 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)