



**2009 FRESHMAN FOOTBALL POSITION CAMP
AUGUST 3, 4th AND 5TH
THE WOODLANDS FRESHMAN CAMPUS**



- PURPOSE:** 1) Introduce the freshman to the high school coaching staff
2) Orientation for freshman football players entering TWHS.
3) Position specific coaching, skill evaluation and skill development.
- DATE:** August 3rd, 4th, and 5th from 9am. - 12pm.
- WHERE:** THE WOODLANDS FRESHMAN CAMPUS
10100 BRANCH CROSSING DRIVE
- STAFF:** Mark Schmid head Football Coach, The Woodlands High School
The Varsity Coaching staff and the freshman football coaching staff
- COST:** \$40.00 per camper and scholarships are available.
MAKE CHECKS PAYABLE TO MARK SCHMID
- WHO:** All freshman who will be playing or interested in playing football at the Woodlands High school in the fall of 2009

REGISTRATION FORM:

Send application to:

The Woodlands High School
Freshman Campus
Football office
10100 Branch Crossing Drive
The Woodlands Texas, 77381
Attention: Shane Graves

OFFENSIVE POSITION: OL RB REC QB TE

DEFENSIVE POSITION: DT DE LB C S

SPECIALTY: Punter Kicker Deep Snapper

ALL FRESHMAN CAMP PARTICIPANTS WILL GET A T-SHIRT

T-SHIRT SIZE: S M L XL XXL

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE _____ SIGNATURE OF PARENT _____

If you have any questions please contact Shane Graves at the Woodlands High School Freshman campus 832-592-8200 or Mark Schmid at the Woodlands High School at 936-273-8580.

Participant's name _____ INSURANCE WAIVER
Sport _____

Activity _____ Site of Activity _____

In order for you child to participate in the 2009 Freshman Football position camp, it is necessary for you to sign this statement indicating your understanding that the school district does not carry insurance covering injuries your child may sustain. The undersigned are the parent or legal guardians of _____. By my signature, I am informing Conroe Independent School district that I understand the district is not responsible for any accident or payment resulting from such accident. In the event of injury to our child, we recognize that 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 our personal insurance program. We acknowledge that we have made the choice on behalf of our child without and interference for anyone serving or employed by Conroe ISD in any capacity.

Date this _____ day of _____ 2009

PARENT SIGNATURE _____
Father _____ Mother _____