

2017 Future Buccaneer



Summer Strength & Conditioning Camp

**Male & Female participants are welcome to attend*

Monday - Thursday

8:00 - 10:00 am

June 5 - July 20

No Camp July 3 - 7

\$60 per Participant (6 Week Camp)

Incoming 7th and 8th Graders report to Lake Jackson's Main Gym at 7:45 am
Athletic Apparel is REQUIRED!



*** For additional information contact Coach Agan (LJI) or Coach Becerra (LJI)***

730-7250 (LJI)

Future Buccaneer Strength & Conditioning Camp Registration Form

Camp Price: \$60 (6 Week Camp)

Camp Dates: June 5 – July 20 (M, T, W, TH) *Excluding July 4 – 7*

Session Times: 8:00 – 10:00 am

** Session times are subject to change depending on enrollment*

Location: Lake Jackson Intermediate School Main Gym/Auxiliary Gym & Outdoor Areas

Payment Info: Make checks payable to B.I.S.D &
Return to Coach Agan at LJI

Will accept: Cash, Personal Check, Money Order, and Cashier's Check

More information: 979-730-7250 (LJI)

****All Accounts should be paid in full by June 29th or have made payment arrangements with Coach Agan***

Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Gender: _____ Age: _____ Sports Playing: _____

Indicate incoming 7th or 8th grader for the 2016 – 2017 School Year: _____

Email Address: _____

Father's Name: _____ Work#: _____

Mother's Name: _____ Work#: _____

Best Contact Name & #: _____

Emergency Contact Name: _____ Emergency #: _____

Insurance Company Name: _____ Policy # _____

CONSENT AND RELEASE OF LIABILITY

In consideration of my minor child's participation in the Strength and Conditioning Camp, I do hereby, for myself and my minor child, release and discharge Brazosport Independent School District and all personnel there of for all claims or damages, demand, action or whatsoever in any manner arising or growing out of my child's participation in the event. I attest and verify that I hereby release Brazosport Independent School District and all personnel from any liability now and in the future. This will include, but not be limited to heart attacks, muscle strains, ligament sprains and/or tears, fractures and stress fractures, heat illness, knee / lower back or foot injuries incurred during or after my child's participation in the event. If, in fact, any injury that requires emergency medical attention occurs, I grant permission for Brazosport Independent School District personnel to take action through medical facilities in the area. I have read the information in full, and to the best of my ability understand the information above.

SIGNATURE FOR RELEASE OF LIABILITY

Participant: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____