

**2019**

**LITTLE LONGHORN**

**FOOTBALL CAMP**

**For Incoming 2nd-6th Graders**

**PROGRAM DETAILS:**

**Dates:** Mon.-Weds., June 10-12 **Time:** 8:00-11:00am

Payments of **$50.00** must be made by **CASH**, **CHECK** or **MONEY ORDER**. There are NO refunds for days missed. Please make check/money order payable to: ***GRHS Activity Fund #4.***

* Cash (Receipt #\_\_\_\_\_\_\_\_\_\_)
* Check (Check #\_\_\_\_\_\_\_\_\_\_)
* Money Order (M.O. #\_\_\_\_\_\_\_\_\_\_)

**SHIRT SIZE:**

🞏 Youth Medium 🞏 Adult Large

🞏 Youth Large 🞏 Adult X-Large

🞏 Adult Small 🞏 Adult XX-Large

🞏 Adult Medium 🞏 Adult XXX-Large

**QUESTIONS:**

Please contact Campus Athletic Coordinator Nick Cavallo

* **Email:** [ncavallo@lcisd.org](mailto:ncavallo@lcisd.org) **Phone:** 832-223-4360

**INFORMATION FOR PARENTS:**

All campers will receive a camp shirt. Please bring a

towel, shorts, socks, shoes, shirt, and sunscreen

each day. Your children will be coached in the

following focus areas—

* *Strength & Conditioning:* instruction on safety/ technique.
* *Nutrition:* weight loss/gain, and healthy eating habits.
* *Academics:* study habits, note taking, listening, proper behavior, and how to study.
* *The Longhorn Way:* Leadership, accountability, character, and responsibility.

**PARENT/GUARDIAN CONSENT & REGISTRATION FORM:**

By signing, the parent/guardian agrees to all terms and conditions included in the Physical/Athletic Participation Form and agrees to waive all liability of LCISD and its employees who are staffing the program. The parent/ guardian also agrees that the staff may dismiss any participant who they deem disruptive and no refund will be issued for missed participation.

Each student-athlete needs to provide their own registration forms with parental consent.

**ATHLETE INFORMATION FOR 2019-2020:**

Grade:\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone

***THIS ORGANIZATION AND ITS ACTIVITIES ARE NOT RELATED TO OR SPONSORED BY LAMAR CONSOLIDATED ISD.***