**DOBIE/THOMPSON LIONS 2019**

**FOOTBALL CAMP**

                                    *Where:*  DOBIE HIGH SCHOOL

 10220 Blackhawk Blvd.

                                     *When:*     Monday, July 29th through Wednesday, July 31st, 2019

                                                9:00 a.m.-11:00 a.m.

*Fee:*                  $25 per student

                        **PAYMENT BY CASH ONLY—PLEASE NO CHECKS OR MONEY ORDERS**

*Staff:*              Thompson Intermediate Coaches

*Activities:*         Passing, Catching, Running, Kicking, Rules and Regulations

*For additional information, see Coach Sawyer*

I WISH TO ENROLL MY STUDENT IN THE 2018 THOMPSON LIONS FOOTBALL CAMP:

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Grade entering 2019 - 20\_\_\_\_\_\_\_

                              *Last                                         First*

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

         Report 15 minutes early on Monday, July 29th

         Bring this completed form and payment of $25 (cash only, please)

         Bring athletic shoes—cleats are optional

**Pasadena Independent School District does not carry insurance for summer fitness/recreation programs. Parents will be responsible for any medical expenses incurred.**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_

                        *PRINT*                                  *SIGNATURE                             DATE*

