

CYPRESS RIDGE RAMS

STRENGTH AND CONDITIONING CAMP



MS/HS Registration Incoming Grades 7-12
JUNE 10 – AUGUST 1 9:00 AM – 11:00 AM

JUNE AND JULY: MONDAY, TUESDAY, WEDNESDAY, THURSDAY
***FACILITIES CLOSED FRIDAY* - NO CAMP JUNE 19, JULY 1-5, JULY 22-26**

Campers must be zoned to attend Cypress Ridge High School.

ATHLETES MUST HAVE A PHYSICAL ON FILE AT CYPRESS RIDGE AND COMPLETE ALL REQUIRED ONLINE RANKONE FORMS.

For information contact Andrew Shanle at andrew.shanle@cfisd.net or Teri Charendoff at teri.charendoff@cfisd.net.

A \$80 charge for SAC Camp will be collected with consent form:

****Cash, Money Order, or SchoolCashOnline ONLY****

Online Payment - Click Link or scan QR code <https://tinyurl.com/SchoolCashSAC24>

PLEASE PRINT INFORMATION:

Athlete's Name _____ Grade _____ Shirt Size _____

Sport(s) _____

Date of Last Physical _____ Parent/Guardian Contact # _____

Parent/Guardian Name _____

Email Address _____

Parent/Guardian Signature _____

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CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN ATHLETIC PARTICIPATION CONSENT FORM

STUDENT'S NAME: _____ CAMPUS: _____ SHIRT SIZE _____

I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. 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.

NAME OF PARENT OR GUARDIAN: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP TO ATHLETE: _____

EMERGENCY PHONE NUMBER: _____

I grant permission for my child to be photographed, videotaped, and/or interviewed for the use in district-provided, school and teacher websites, social media pages, publications, displays, newspapers or television broadcasts.

YES

NO

I grant permission for my child to be photographed, videotaped, and/or interviewed for use in non-district publications, displays, newspapers or television broadcasts.

YES

NO

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____