

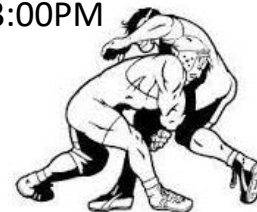
2024 Cougar Wrestling CAMP

DATES: Mon. June 10th – Thursday. June 13th **TIME:** 12:00PM - 3:00PM

WHERE: Cypress Creek High School

COST: Free

WHO: Incoming 6th – 9th Graders Cypress Creek Feeder Schools



CFISD Athletic
Physical Instructions



Instrucciones En
Español



CFISD Athletic
Physical Form



Evaluación Física Previa a La
Participación - Historial
Médico/Formularios Físicos



CFISD
Rankone.com



Athletic Participation
Consent Form

How to register

Please fill out registration below and return to Coach Crosby **by May 17th**
Mail to: Cypress Creek High School, Attn: Ryan Crosby 9815 Grant Rd. Houston, TX 77070

*All incoming 6th– 9th graders must have a **current, completed Physical & Athletic Consent form on file** use QR codes above.

*We will gladly accept walk-up registration on first day of camp.

-We can not guarantee shirt size with walk-up registrations.

* **Enter at The Lego Gym Doors (Back of Building)**

* Any questions please contact Ryan Crosby, Head Wrestling Coach

ryan.crosby@cfisd.net or (281) 897-4200

(Please detach section)

2024 Cougar Wrestling Camp

Student Information

Upcoming School Year Grade Level: _____ T-Shirt Size: YS YM YL S M L XL

Student Name: _____ Campus: _____

Parent/Guardian Consent

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 insurances 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.

DATE: _____ NAME OF PARENT OR GUARDIAN: _____ SIGNATURE OF PARENT/GUARDIAN: _____

STREET ADDRESS: _____ CITY, STATE AND ZIP _____

PHONE NUMBER: _____