

# RAM VOLLEYBALL

## Returners CAMP

# 2024

Open to all 10-12th graders  
zoned to Cy-Ridge.



July 29-31  
12-3pm



\$50 CASH ONLY

Register using the QR code



# RAM VOLLEYBALL

## CAMP 2024

Open to all incoming 6-9th graders zoned to Cy-Ridge.



July 29-31  
8am-11am



\$50 (Includes camp T-shirt)

Register using the QR code





**JULY 22 – 25**  
**CY RIDGE**  
**CROSS COUNTRY**  
**SUMMER CAMP**

**Requirements:**

- **Must have a current physical on file for the 2024-25 school year (complete after May 1, 2024)**
- **Athletic Physicals will be held at Cy-Ridge on May 1<sup>st</sup> from 1:30 pm to 5:30 pm.**
- **Must complete all RankOne paperwork online <https://www.cfisd.net/Page/1635>**

## Summer Camp Schedule

- **Monday thru Thursday**
  - Time: 6:30 am
  - Running, Strength and Conditioning

**CY RIDGE HIGH  
SCHOOL**

7900 N ELDRIDGE  
PARKWAY  
HOUSTON, TX 77041  
281-807-8024/8013

GORAMSATHLETICS.COM

Sign up for Cypress Ridge  
Cross Country SportsYou  
Code: W8AXVBEK

# 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](mailto:andrew.shanle@cfisd.net) or Teri Charendoff at [teri.charendoff@cfisd.net](mailto: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 \_\_\_\_\_

# CYPRESS RIDGE RAMS

## STRENGTH AND CONDITIONING CAMP

### 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: \_\_\_\_\_