

# CYPRESS SPRINGS PANTHERS

## FRESHMAN FOOTBALL CAMP



FOR ALL INCOMING FRESHMAN

ZONED TO CYPRESS SPRINGS AND WANTING TO PLAYING FOOTBALL



Dates: Monday, July 30 thru Wednesday, August 1, 2018

Times: 8:00 am to 11:00 am

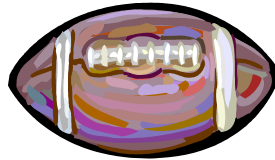
Where: Cypress Springs High School Football Game Field

Cost: FREE (only for Incoming Freshman zoned to Cypress Springs)

What to Wear: Cleats, Socks, Athletic Shorts, Athletic Shirt, & Sunscreen

What to Bring: This form with Permission Slip completed, Gatorade or Water  
Must also have a current 2018-2019 Physical Attached and Online Paperwork cleared

Inclement Weather – We will run camp if at all possible. Weather alerts may cause cancellation of certain parts of the camp.



If you have questions, please contact

**RUSTY ROHAN – CAMPUS ATHLETIC COORDINATOR/HEAD FOOTBALL COACH**

**CHARLES.ROHAN@CFISD.NET (EMAIL) OR (281) 345-3094**

**REGISTRATION EARLY GUARANTEES A SLOT. PLEASE SUBMIT REGISTRATION FORM TO THE CYPRESS SPRINGS ATHLETIC OFFICE AS SOON AS POSSIBLE.**

Student's Name: \_\_\_\_\_

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

Parents/Guardians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please provide a parent/guardian number we can reach during Football Camp hours.

Reversed side MUST be completely filled out and signed before camp begins

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

STUDENT'S NAME: \_\_\_\_\_ CAMPUS: **CYPRESS SPRINGS HS**

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.

DATE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_