

2024 Bowie 7th and 8th Grade Summer Football Camp

All campers must have a current physical on file for 2024

WHEN: Monday-Wednesday
July 29-31

WHERE: Bowie High School

FROM: 8:00am-10:00am

COST: \$150.00

CAMP PURPOSE: Our camp will emphasize individual football skill development. Campers will participate in fundamental drills, 7 on 7 scrimmages, and daily lessons on leadership and character development that will help them be successful on and off the field. All instructors are members of the Bowie coaching staff.

REGISTRATION: Please register online at www.bowiefootball.org
For questions please email Coach Ables at jeff.ables@austinisd.org

Please pre-register to help us make staff arrangements.

Please bring cleats and a pair of running shoes in case we need to go indoors.

A waiver of camp fees is possible for participants of lower income families. A waiver form can be obtained from the campus athletic office, AISD website or school's main office. Students may return the waiver form along with their camp registration form. A decision to waive camp fees will be made based on the information provided.

Name: _____

Grade: _____

Parents: _____ Email: _____

Address: _____

Home Phone: _____ Work # _____ Cell # _____

In case of emergency call: _____ Phone: _____

T-Shirt Size: (Circle One) S M L XL

WAIVER OF LIABILITY:

I, as a parent, or guardian, hereby give my permission for my child _____ to participate in the Bowie Football Camp scheduled to be held on July 29-31 at the Bowie High School. I acknowledge that he/she is physically able to participate in all camp activities that have been described in the information sheet and/or brochure. I hereby release and forever discharge James Bowie High School, Austin Independent School District, its employees, agents and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with the camp activity. I also give my permission for any emergency medical care that may be required as a result of any injury. I have also read and accept the terms of the refund policy.

Parent/Guardian Signature

Date

Phone: Home/Work/Cell

For more information go to www.bowiefootball.org