



PEARLAND OILERS STRENGTH & CONDITIONING CAMP

Registration Information

*****WALK UP REGISTRATION ONLY*****

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Emergency Phone: _____

Email: _____

Grade entering 2020: _____

COST: \$100 CASH OR CHECK ONLY

Waiver of Claims: I, as parent or guardian, hereby give permission for my child to participate in the summer strength camp. I acknowledge that he is physically able to participate activities. I hereby authorize the directors to act for me in their best judgment in a medical emergency. I acknowledge that I will be responsible for any cost through family medical insurance or otherwise, incurred due to injury or sickness to my son. I hereby waive any claims I might have against the camp, directors, or the institution providing the facilities. This athletic camp/clinic follows guidelines set forth by Pearland ISD and the UIL.

Parent/Guardian Signature:

X _____