



# Boys

## STRENGTH AND SPEED CAMP

**WHEN:** JUNE 20 — JULY 21

(Monday — Thursday)

**TIME:** 10:00 AM—11:30 AM

(Sports Specific workouts to follow)

**WHERE:** Dawson High School

**COST:** \$100

\*discounts available for siblings

**ATHLETE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**ATHLETE CELL:** \_\_\_\_\_

**ADULT T-SHIRT SIZE:** \_\_\_\_\_

**GRADE ENTERING 2022 YEAR:** \_\_\_\_\_

**SPORT(S):** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

DAWSON HIGH SCHOOL

**MAIL TO:**

DAWSON HIGH SCHOOL

ATTENTION: SHAREE GRIFFIN

2050 Cullen Blvd., Pearland, TX

**PHYSICAL ON FILE AT DHS:** YES OR NO

**COMPLETED ONLINE FORM:** YES OR NO

*I, as parent or guardian, hereby give permission for my child to participate in the Dawson Strength and Conditioning camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize directors/coaches to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities. This athletic camp/clinic follows all guidelines set forth by Pearland ISD and UIL.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

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

If you have any questions: Please email [GriffinS@PearlandISD.org](mailto:GriffinS@PearlandISD.org)



# GIRLS

## STRENGTH **AND** SPEED CAMP

**WHEN:** JUNE 20 — JULY 21

(Monday — Thursday)

**TIME:** 10:00 AM—11:30 AM

(Sports Specific workouts to follow)

**WHERE:** Dawson High School

**COST:** \$100

\*discounts available for siblings

**ATHLETE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**ATHLETE CELL:** \_\_\_\_\_

**ADULT T-SHIRT SIZE:** \_\_\_\_\_

**GRADE ENTERING 2022 YEAR:** \_\_\_\_\_

**SPORT(S):** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

DAWSON HIGH SCHOOL

**MAIL TO:**

DAWSON HIGH SCHOOL

ATTENTION: SHAREE GRIFFIN

2050 Cullen Blvd., Pearland, TX

**PHYSICAL ON FILE AT DHS:** YES OR NO

**COMPLETED ONLINE FORM:** YES OR NO

*I, as parent or guardian, hereby give permission for my child to participate in the Dawson Strength and Conditioning camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize directors/coaches to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities. This athletic camp/clinic follows all guidelines set forth by PearlandISD and UIL.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

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

If you have any questions: Please email [GriffinS@PearlandISD.org](mailto:GriffinS@PearlandISD.org)