



WAR EAGLE STRENGTH AND CONDITIONING CAMP

Dates: June 8th through July 24th

No Camp Dates: July 3rd, 7th, 8th, 20th and 21st

Cost: 50.00

Payment: online at conroeisd.schoolcashonline.com or cash in person

Weekly Schedule: Monday through Friday

Location: ORHS and ORHS 9th Grade Campus

Grades: Incoming 7th- 12th Grade

Times:

Session 1: 7:30am – 9:30am (*10th-12th grade Football*)

Session 2: 9:30am – 11:00am (*Incoming 9th grade Football*)

Session 3: 12:00pm – 1:00pm (*7th – 8th Grade Football*)

Session 4: 12:00pm – 2:00pm (*Boys Basketball, Softball, Baseball*)

Session 5: 2:00pm – 4:00pm (*Volleyball, Boys Soccer*)

Session 6: 4:00pm – 6:00pm (*Girls Basketball*)

Session 7: 5:00pm – 7:00pm (*Girls Soccer*)

What to Wear: t-shirt, shorts, athletic shoes, cleats (sport specific)

What to Bring: Water – we are unable to provide water to campers, campers may not share water

What NOT to Bring: Towels – the use of towels is prohibited per UIL Covid-19 Guidelines

Hand sanitizing stations will be made available and all equipment will be disinfected before and after each use.

Social distancing will be maintained by participants and monitored by coaches.

All facilities and equipment will be cleaned and disinfected at the end of each day.

Contact your sport coach for more information.

Times and Dates are subject to change.

CONROE INDEPENDENT SCHOOL DISTRICT
Parent Permission for Participation
2020 Sports Camp
(Revised 6/2020)

☐ Football ☐ Speed and Power ☐ Basketball ☐ Track & Field ☐ Softball ☐ Tennis
☐ Baseball ☐ Cross Country ☐ Golf ☐ Soccer ☐ Cheer ☐ Volleyball

Student Name: _____ Grade: _____ Student ID# _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Contact Number: _____

PARENT PERMISSION AND RELEASE: I agree to allow my child to participate in the above 2020 Sports Camp. I understand that while student safety is a high priority for the District, under state law, the District is not responsible for medical costs associated with a student injury. I agree to release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, made against it or them on behalf of my child. I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness my child may suffer related to the camp. I voluntarily sign this form with full understanding of its significance.

Signature of Parent/Legal Guardian

Date Signed

Insurance & Emergency Contact Information:

My child is covered under the insurance policy of

☐ Father ☐ Mother ☐ None

Insured's Name _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number _____

Group # _____ ID# _____

List Medication or Food Allergies _____

Other Medical Issues: _____

List Current Medications Taken With Student: _____

Emergency Contact – Mother: _____

Father: _____