



WIMBERLEY TEXAN FOOTBALL CAMP

TEXAN STADIUM

JULY 26TH-July 28TH

8-10 AM

INCOMING 3RD-8TH GRADERS

COST: \$40

Make checks payable to: Wimberley Athletics

NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER _____

T-SHIRT SIZE _____ GRADE ENTERING _____

AGREEMENT TO HOLD HARMLESS

I, _____, UNDERSTAND THAT MY CHILD, _____, HAS THE OPPORTUNITY TO PARTICIPATE IN THE WIMBERLEY TEXAN FOOTBALL CAMP PROGRAM FOR STUDENTS WISHING TO IMPROVE THEIR SKILLS IN FOOTBALL. I HEREBY AFFIRM THAT I DESIRE TO HAVE MY CHILD PARTICIPATE IN SAID PROGRAM. I AGREE TO AND I DO HEREBY RELEASE, HOLD HARMLESS, AND INDEMNIFY COACH DOUG WARREN AND ITS AGENTS AND EMPLOYEES FOR ANY INJURY THAT MAY OCCUR DURING HIS/HER PARTICIPATION IN SAID PROGRAM.

PARENT/GUARDIAN SIGNATURE _____ DATE _____