

# 2009 Bowie Football Camp

**WHEN:** Monday, Tuesday, and Wednesday  
July 27, 28, and 29

**FROM:** Junior Division Grades 3-5 8:00am until 10:00am  
Senior Division Grades 6-8 10:30am until 12:30pm  
All 7<sup>th</sup> and 8<sup>th</sup> graders must bring or send a copy of a current physical exam to Coach Ables in order to participate.

**COST:** \$50.00 Per Camper

**PURPOSE:** To introduce campers to the Bowie Football Program and develop individual skills and fundamentals of football.

**CAMP FEATURES AND GOALS:** Our camp will emphasize individual football skill development. Campers will participate in fundamental drills, lectures on self-discipline and mental preparation. All instructors are members of the Bowie coaching staff. Campers will also be introduced to the offensive and defensive systems at Bowie High School. The Camp director will be Head Football Coach Jeff Ables.

**REGISTRATION INFORMATION:** Fill out the application form below, include the \$50.00 registration fee and mail to:

Jeff Ables  
4103 W. Slaughter Lane  
Austin, Texas 78749

**Please make check's payable to Bowie High School**

Late registration will be July 27th at 7:30A.M. Please pre register to help us make staff arrangements. For more information please call Coach Ables at 414-7349 or at home at 280-6523. **Please bring cleats and a pair of running shoes in case we have 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. The camp director will make the decision.  
If a refund becomes necessary please call Coach Ables at 414-7349.

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**Name:** \_\_\_\_\_  
**Division: (Junior or Senior)** \_\_\_\_\_  
**Parents:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**In case of emergency call:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**T-Shirt Size (In Adult Sizes):** (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 27th, 28th, and 29th at Bowie High School. I acknowledge that he or 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.

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**Parent/Guardian Name**                      **Date**                      **Phone: Home/Work/Cell**

**For more information go to [www.bowiefootball.org](http://www.bowiefootball.org).**