

## **2010 BOWIE SUMMER WEIGHT & CONDITIONING PROGRAM**

**WHEN:** June 14- July 22  
Monday-Thursday  
Session 1- 7:30 am until 9:30 am  
Session 2- 6:00 pm until 8:00 pm (Recommended for incoming Freshmen)  
Please circle the session that you wish to attend.  
**All campers must send or bring a copy of a current physical exam to Coach Ables in order to participate**

**COST:** \$85.00 Per Athlete

**PURPOSE:** Provide weight training and conditioning for Bowie athletes and incoming ninth graders. The camp director will be Head Football Coach Jeff Ables.  
Each session will be conducted and supervised by Bowie coaches. You may only attend one session per day.

**REGISTRATION INFORMATION:** Fill out the application form below, include the \$85.00 registration fee and mail to:

Jeff Ables  
4103 W Slaughter Lane  
Austin TX 78749

### **Please make checks payable to Bowie High School.**

Late registration will be June 14th at 7:00am. 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.

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:** \_\_\_\_\_  
**Parents:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**In case of emergency call:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **WAIVER OF LIABILITY:**

I, as a parent, or guardian, hereby give my permission for my child \_\_\_\_\_ to participate in the Bowie Summer Weight And Conditioning Camp scheduled to be held June 14-July 22 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, please visit [www.bowiefootball.org](http://www.bowiefootball.org).**