

2010 BOWIE
SUMMER WEIGHT AND CONDITIONING PROGRAM

WHEN: June 14- July 22
Monday-Thursday

7:00 am until 9:00 am

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.
Camp will be conducted and supervised by Bowie coaches.

REGISTRATION INFORMATION: Fill out the application form below, include the \$85.00 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 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.

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.

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

For more information go to www.bowiefootball.org.