

Freshman Football Camp

FREE

**For all incoming Freshman
Football Players.**

**Date: June 6th-8th at Martin MS
June 13th-15th at Eastside Memorial**

Time: 10:00 a.m. – 1:00 p.m.

Pre-Register By: June 3rd



FOR MORE INFORMATION

**Contact Coach Crayton
(512) 414-5841**

PURPOSE: To introduce incoming Freshmen to the Eastside Memorial 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 Eastside Memorial coaching staff. Campers will also be introduced to the offensive and defensive systems at Eastside Memorial High School. The Camp director will be Head Football Coach Darrell Crayton.

WAIVER OF LIABILITY:

I, as a parent, or guardian, hereby give my permission for my child _____ to participate in the Eastside Memorial Football Camp scheduled to be held on **June 6-8 and June 13-15** at Martin Middle School and Eastside Memorial 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 Eastside Memorial 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 Signature _____ Date _____ Phone: Home/Work/Cell _____

MAIL FORM TO:
Eastside Memorial High
ATTN: Darrell Crayton
1012 Arthur Stiles
Austin, TX 78721
dcrayton@austinisd.org
Fax (512) 841-7704

Name: _____
Please Print

Cell #: _____
Student

Parent: _____
Please Print

E-Mail: _____
Student

Parent: _____
Signature

E-Mail: _____
Parent

T-shirt Size: S M L XL XXL
Short Size: S M L XL XXL