

**THIS SUMMER... GET READY FOR THE 2018-2019 SEASON!**



**KEEP THIS FLYER AS YOUR REMINDER**

**CY-CREEK HIGH SCHOOL**

**STRENGTH, AGILITY AND CONDITIONING CAMP**

(Conducted by: Cy Creek High School Coaches)

**Important!** You must have a current physical (on the 2018-2019 UIL physical form) on file in the Cy Creek High School Training Room to attend this camp. Physical forms completed by outside physicians need to be sent to the Cy Creek Athletic Trainer's office. (Please use the 2018-2019 UIL form only.)

**Who can attend the Cy Creek SAC Camp?** Any current Cy Creek High School student, incoming 9<sup>th</sup> graders and incoming 7<sup>th</sup> and 8<sup>th</sup> graders from our feeder schools. Those schools include Bleyl Middle School, Hamilton Middle School and Campbell Middle School. The middle school students must be zoned to attend Cy Creek.

**What are the dates for the camp?** The camp lasts for 6 weeks. Monday through Thursday. We will start June 11<sup>th</sup> and go through July 26<sup>th</sup>. We will not have camp the week of July 2<sup>nd</sup> to July 5<sup>th</sup>.

*June 11 – June 14, June 18 – 21, June 25 – June 28, **July 2 – July 5 (NO SAC) CAMP**, July 9 – July 12, July 16 – 19, July 23 – July 26*

**What are the times of the camp?** We will have two sessions. Each session last for 2 hours. Those times are from 8:00 am – 10:00 am and 10:30am – 12:30 pm. **Students may only attend one session per day.**

*Session 1 - 8:00 am – 10:00 am      Session 2 – 10:30am – 12:30 pm*

**Where is the camp?** Cy Creek High School. We will use the field house, the weight room and the athletic fields. Please park in the back parking lot near the tennis courts.

**How much does it cost?** \$120.00 per person (for the entire 6 week camp and a camp t-shirt). Please pay in **cash or money order** made payable to Cypress Creek High School. **We will not accept personal checks!** We will be accepting payment up to and including the start day of the camp. **Please send the attached registration form, attached consent form, and payment to Coach McCaig – Cypress Creek High School Athletic Office. After June 11<sup>th</sup> registration will be space available.** Our mailing address is Cy Creek Athletic Department, Attn: Coach McCaig, 9815 Grant Road, Houston, TX 77070.

**Questions?** Call the Cy Creek Athletic Office at 281-897-4280

# 2017-2018 Cy Creek High School SAC

## Strength, Agility and Conditioning Camp Registration Form

**You must have a current (2017-2018) physical on file at Cypress Creek to attend this camp!**

All participants must return this registration form and the attached consent form (completed by a parent or guardian) with payment. **Only cash, money orders or cashier's checks will be accepted for SAC!**

**Who can attend?** Current Cy Creek High School students, incoming Cy Creek High School 9<sup>th</sup> graders or 7<sup>th</sup> and 8<sup>th</sup> graders who are zoned to Cypress Creek High School.

**Dates:** June 11<sup>th</sup> – July 26<sup>th</sup> (6 Weeks), Monday through Thursday only. We will not have camp the week of July 2<sup>rd</sup> through July 5<sup>th</sup>.

**Camp times:** Session 1 – 8:00 am to 10:00 am. Session 2 – 10:30 am to 12:30 pm. Students may only attend 1 session per day.

**Location:** Cypress Creek High School. Please park in the back near the tennis courts.

**Cost:** \$120.00 per student (for the 6 week camp and a camp t-shirt)

Cash, check or money order payable to Cypress Creek High School by June 11<sup>th</sup>. Send the attached registration form, attached consent form and payment to Coach McCaig – Cypress Creek High School Athletic Office or mail to the following address by June 11<sup>th</sup>, 2018. After June 11<sup>th</sup> registration will be space available only and cash, money orders or cashier's checks will be the only form of payment accepted.

**Address:** Cy Creek Athletic Department, Attn: Coach McCaig, 9815 Grant Road, Houston, TX 77070

**Questions:** Call the Athletic Office at 281-897-4280.

**PLEASE PRINT CLEARLY DO NOT DETACH**

**Student Name:** \_\_\_\_\_ **Upcoming grade for 2018-19:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Parent Contact number:** \_\_\_\_\_

**Insurance provider:** \_\_\_\_\_ **Policy Primary:** \_\_\_\_\_

**Policy/Group number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby grant my son/daughter \_\_\_\_\_, my permission to attend and participate in any and all activities which are part of the SAC Camp at Cypress Creek High School. I hereby release the Cypress Fairbanks Independent School District and all its supervisors, employees and/or representatives from any and all liability and/or claims and/or cause of action, individually or collectively, for damages or injuries which might be received during this activity, or in traveling to and from such activity. **PLEASE COMPLETE ATTACHED CONSENT FORM AND RETURN WITH THIS FORM.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Current Physical Completed/Filed in the Training Room (to be verified by the athletic trainer).

**CYPRESS – FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN ATHLETIC  
PARTICIPATION CONSENT FORM**

**ATHLETE'S NAME:** \_\_\_\_\_ **CAMPUS:** CYPRESS CREEK H.S.

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

**Please Print Clearly**

**Date:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Person to notify in case of emergency:** \_\_\_\_\_

**Relationship to athlete:** \_\_\_\_\_

**Emergency phone number:** \_\_\_\_\_