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| JULY 30 – AUG 1CYPRESS RIDGE YouthFootball SKILLS & DRILLS CAMP 6-8pm**You’re invited! Mark your calendars and plan to attend the Cypress Ridge Youth Football Skills & Drills Camp this summer for incoming students grade 3-8. All campers must be zoned to attend Cypress Ridge High School. Online registration completed through SchoolCashOnline. $20 provides camp T-shirt along with offensive and defensive fundamental drill instruction.** ***Pre-registration due Thursday, July 18th 11AM*****Parent permission forms must be turned in prior to attending camp. All 7th and 8th grade campers must have a current 2019-20 physical on file with the Cypress Ridge HS Athletic Training office. Cash only walk up registration will be available. T-Shirt sizes may be limited for walk up registration.****Camp Registration and Parent Form available online. Please visit** [**www.GoRamsAthletics.com**](http://www.GoRamsAthletics.com) **for information.** |
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|  IncomingGrades 3-8 Campers must be zoned to attend Cypress Ridge High SchoolNon-Contact Football Camp$20 Cash/Online Registration Cash only\*T-SHIRTS\*BE RMAS |
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| CYPRESS RIDGE HIGH SCHOOL7900 N. ELDRIDGE PKWY HOUSTON, TX 77041281-807-8024/8013GORAMSATHLETICS.COMJULY 30,31 & AUG 16:00 PM– 8:00 PM |

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**CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT**

**PARENT OR GUARDIAN**

**ATHLETIC PARTICIPATION CONSENT FORM**

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAMPUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-SHIRT SIZE \_\_\_\_

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 insurances 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.

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission for my child to be photographed, videotaped, and/or interviewed for the use in district-provided, school and teacher websites, social media pages, publications, displays, newspapers or television broadcasts.

YES NO

I grant permission for my child to be photographed, videotaped, and/or interviewed for use in non-district publications, displays, newspapers or television broadcasts.

YES NO

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_