



BRENNAN HS FOOTBALL CAMP

(2018) JULY 30TH - AUG. 2 (2018)

FRESHMAN FB PRACTICE BEGINS MON. AUG 6TH

BRENNAN PROGRAM MODEL

- ACADEMIC EXCELLENCE
BUILDING BETTER STUDENTS**
- CHARACTER DEVELOPMENT
BUILDING BETTER PEOPLE**
- ATHLETIC DEVELOPMENT
BUILDING BETTER ATHLETES**

BRENNAN FIGHT NEVER DIES !!

Stephen Basore - Head Football Coach - Brennan High School
Phone: 398 - 1320 Fax: 398 - 1399
Email: stephen.basore@nisd.net



**4 ZONE CHAMPIONSHIPS
4 DISTRICT CHAMPIONSHIPS
3 AREA CHAMPIONSHIPS
2 SECTIONAL CHAMPIONSHIPS
1 REGIONAL CHAMPIONSHIP
(2013) 1 STATE FINAL (2013)**

BRENNAN HIGH SCHOOL ATHLETICS

DATES: JULY 30TH – AUG 2ND

WHEN: MONDAY – THURSDAY

TIME: 6:00 PM – 8:45 PM

PLACE: BRENNAN HIGH SCHOOL (ATHLETIC AREA & FIELDS)

COST: \$40.00 (CAMP ONLY) \$50.00 (CAMP & T-SHIRT)

\$25.00 FEE FOR RETURNED CHECKS

*** MAKE CHECKS PAYABLE TO BRENNAN HS ***

**** NO REFUNDS AFTER MAY 31ST ****

S M L XL XXL

NAME: _____

ADDRESS: _____

PHONE: _____

MIDDLE SCHOOL ATTENDED: _____

ELIGIBILITY REQUIREMENTS: Only 7TH, 8TH & 9TH grade football athletes living in the Brennan attendance zone established by NISD.

CAMP INFORMATION

1. BRING ONLY ATHLETIC ITEMS NECESSARY FOR CAMP. (SHIRT, SHORTS, CLEATS, TOWEL, WATER, GATORADE, ETC..)
2. LEAVE ALL VALUABLES AT HOME !!
3. ARRANGE TO ARRIVE & LEAVE ON TIME.
4. MUST HAVE NORTHSIDE PAPERWORK, REGISTRATION & PAYMENT TURNED IN TO BRENNAN COACHES ONLY !!
5. CAN PAY ON THE FIRST DAY OF CAMP, BUT THIS IS HIGHLY DISCOURAGED DUE TO VOLUME OF STUDENT ATHLETES. PLEASE PRE – REGISTER VIA MAIL OR DROP OFF TO BRENNAN HIGH SCHOOL PRIOR TO THE 1ST DAY OF CAMP !! YOU CAN ALSO PAY ON THE FIRST DAY OF CAMP, BUT EXPECT TO WAIT IN LINE IF YOU CHOOSE THIS OPTION.

MAILING INFORMATION FOR PAYMENT

2400 Cottonwood Way (Attn: Coach Basore)
Brennan High School
San Antonio, TX. 78253

CONTACT INFORMATION:

E-MAIL: stephen.basore@nisd.net PHONE: (210) 398 - 1320

**HS FOOTBALL PRACTICE BEGINS - AUGUST 6th, 2016
FOR ALL GRADES FRESHMAN AT BRENNAN HS.**

CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Northside Independent School District is proud to offer the opportunity for our students to participate in the _____ (describe event). We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of _____, desire that my (child or ward) participate in _____ (describe the event) and grant permission for my (child or ward) to participate in and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATING IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign:

Consent to Medical Treatment

I hereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (name of child or ward)

Consent to Administration of Medications

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to: _____

My child/ward has the following special medical conditions: _____

My child/ward takes the following prescription medications: _____

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this *Consent to Student Activity Participation and Medical Treatment* and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Parent or Guardian Signature _____ Date _____ Phone number _____

Parent or Guardian Signature _____ Date _____ Phone number _____

Student Signature (required if student is 18 or older) _____ Date _____

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

Name (please print) _____ Phone number _____

Name (please print) _____ Phone number _____