



**BRENNAN
FIGHT
NEVER DIES!!!**

**Trey Brown, Head Soccer Coach
Hector Torres, Head JV Soccer Coach
Brennan High School
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San Antonio, TX 78253
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**BRENNAN BEAR
BOYS SOCCER**



District 27-6A

2017, 2018-8th Place, 2015, 2016-5th Place

District 28-4A

2014 BI-DISTRICT FINALISTS, 2013 DISTRICT CHAMPS

2013 BI - DISTRICT CHAMPS

2013 AREA CHAMPS

2013 SECTIONAL FINALIST

2012 BI—DISTRICT CHAMPS & DISTRICT RUNNER UP

BRENNAN HIGH SCHOOL ATHLETICS

DATES: JUNE 14TH & JUNE 15TH

WHEN: THURSDAY & FRIDAY

TIME: 6:00 PM – 8:30 PM

PLACE: BRENNAN HIGH SCHOOL (ATHLETIC AREA & FIELDS)

COST: \$30.00 (CAMP ONLY) \$40.00 (CAMP & T-SHIRT)

\$25.00 FEE FOR RETURNED CHECKS

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

**** Please circle the shirt size for your child ****

S M L XL XXL

ELIGIBILITY REQUIREMENTS: All 7TH, 8TH & 9TH grade soccer athletes who live in the Brennan attendance zone as established by the Northside Independent School District.

CAMP INFORMATION:

- 1. BRING ONLY ATHLETIC ITEMS NECESSARY FOR CAMP TO THE CAMP. (SHIRT, SHORTS, CLEATS, SHIN GUARDS, WATER).**
- 2. LEAVE ALL VALUABLES AT HOME OR BRING A LOCK TO TEMPORARILY LOCK UP VALUABLES IN PE LOCKERS OR CAGE**
- 3. ARRANGE TO ARRIVE & LEAVE ON TIME.**
- 4. MUST HAVE NORTHSIDE PAPERWORK, REGISTRATION & PAYMENT TURNED IN FOR PARTICIPATION IN CAMP.**
- 5. MUST BE A BRENNAN ATHLETE OR REGISTERED STUDENT AT BRENNAN HIGH SCHOOL !!**
- 6. CAN PAY ON THE FIRST DAY OF CAMP, BUT THIS IS HIGHLY DISCOURAGED DUE TO VOLUME OF STUDENT ATHLETES. PLEASE PRE – REGISTER PRIOR TO THE 1ST DAY OF CAMP !!**

MAIL INFORMATION:

2400 Cottonwood Way
Brennan High School (Attn: Coach Brown)
San Antonio, TX. 28253

CONTACT INFORMATION:

E-MAIL: trey.brown@nisd.net or
hector-h.torres@nisd.net
PHONE: (210) 398 - 1324

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 HAT 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