2018 LOCKHART LION PRIDE FOOTBALL CAMP



Who:

Date

July 30- Aug 2 (Mon to Thurs.) 8:00am to 12:00pm When: Staff: LHS/LJHS Football Coaches Where: LHS Campus Field House and Practice Football Field \$30.00 per athlete (\$30 first child, then \$15 per sibling in same family.) (Fee Waiver Available) Cost: Non-contact offensive, defensive and special team skills. To include football drills, competitions, Purpose: agility drills and weight training **Equipment:** Football cleats (recommended) and/or tennis shoes, shorts, shirt, water bottle (labeled) Medical: All participants must be physically able to compete in all drills and activities Registration: Mail or drop off to: **Lockhart Athletic Department** c/o Lockhart Pride FB- Coach Herman #1 Lion Country Lockhart, TX 78644 Make checks payable to Lockhart Athletics. For more info Coach Herman @ 512-738-0693 or 398-0357 or brian.herman@lockhart.txed.net PLEASE DETACH BOTTOM PORTION AND RETURN WITH PAYMENT LOCKHART PRIDE FOOTBALL CAMP-July 30- Aug 2 Camper's Name: _______T-Shirt Sizes (Adult): S M L XL 2XL City Zip Code Home Phone #: Address Parent's Name(s):_____ Cell#___ Work# Cell# Work# Emergency Contact: LOCKHART ISD LIABILITY RELEASE FORM Participant releases the Lockhart .I.S.D., its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Lockhart I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the individual Participant and any parent or guardian signing this document on behalf of the Participant. Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Lockhart I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Lockhart I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims. The release and indemnity obligations of Participant shall apply without regard to whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Lockhart I.S.D., its officers, employees or volunteers. I as parent or guardian, herby give permission for my child to participate in any and all Lockhart ISD high school camps. I hereby authorize the coaches of any and all camps to act for me according to their best judgment in any emergency requiring medical attention and acknowledge that I will be responsible for any cost incurred due to sickness or injury to my child. This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Lockhart I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below I certify that I have read, understand and accept the terms of this document. Camp Participant (signature) Parent/Guardian (signature)

Parent/Guardian Printed Name