



2019 BUFFALO POWER CAMP "SWAP"



JUNE
3rd-6th
10th-13th
17th-20th
24th-27th

\$25

JULY
8th-11th
15th-19th
24th-26th
29th-1st

BOYS—10th-12th GRADE —8:00 - Weight Room

7th—9th GRADE — 10:15 Stadium Weight Room

GIRLS — ALL GRADES- 8:00 — Field

Player's Name: _____

Age: _____

Address: _____

Grade in Fall 2019: _____

City: _____, TX

Zip: _____

Phone: _____

Parent Daytime Phone #: _____

Emergency Contact Name: _____ T Shirt Size _____

QUESTIONS? Call:

Coach Griffin
 Coach Adams
 Coach Ray

MAIL REGISTRATION & FEE

Giddings High School Athletics
 2337 N. Main
 Giddings TX 78942

Please make check payable to: Giddings ISD

HEALTH RELEASE

In consideration of your accepting my son/daughter _____ as a participant in an GISD Athletic Summer Camp(s), I, intending to be legally bound, hereby for myself. My heirs, executors, and administrators waive and release any and all rights and claims for damages I have against all other entrants and against Giddings ISD, Giddings Texas, its officers, agents, and representatives for any and all injuries suffered by my son/daughter while participating in the camp or while in transit to and from the camp. In case of emergency I give my permission for Giddings ISD personnel to secure emergency services at once.

Parent / Guardian Signature _____

Date _____