

RICKY TULLOS VIKING

2ND - 9th GRADE FOOTBALL CAMP 2024

WHERE: MERRILL GREEN STADIUM
WHEN: JULY 29- JULY 30, 2024 (M-TU)
TIME: 8:00AM-12:00PM
INSTRUCTORS: BRYAN VIKING FOOTBALL STAFF
COST: \$40.00

FOR MORE INFORMATION
CONTACT: RICKY TULLOS
HEAD COACH
713-823-5322
Tullos.ricky@yahoo.com



WEAR: SHORTS, T-SHIRT & RUNNING SHOES

BRING: A POSITIVE ATTITUDE, CLEATS, WATER BOTTLE,
SUNSCREEN & MEDICATIONS

SKILLS: FOOTBALL SKILLS, WEIGHT ROOM TECHNIQUES, NUTRITION, AND LEADERSHIP DEVELOPMENT

NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____

JUNIOR HIGH ATTENDED: _____

GRADE ENTERING 2024: _____

SHIRT SIZE : YM S M L XL 2X

PAYMENT OPTION: CHECK, CASH, VENMO (Circle One)

PRE-REGISTER OPTION

Please Mail Completed Form & Make
Checks Payable To:
RICKY TULLOS VIKING FOOTBALL CAMP

4217 APPALACHIAN TRAIL
Bryan, Tx 77802

Must have phone number on check
Or Venmo: @CoachTullos

WALK UP OPTION

WE WILL HAVE FORMS READY TO
COMPLETE. ALL PAYMENT OPTIONS
AVAILABLE.

Waiver of Claims: I as a parent or guardian, hereby give permission for my child to participate in the summer football camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

PARENT'S SIGNATURE: X _____