

BRYAN



**7-12th Grade
Vikings
Conditioning
Camp**

WORKOUTS 6/2 - 6/26,

7/7 - 7/17

NO WORKOUTS 6/30-

7/3

7-12th Times: 8-10AM

(Mon~Thurs)

CALENDAR

June/July

M T W T
2 3 4 5

9 10 11 12

16 17 18 19

23 24 25 26

7 8 9 10

14 15 16 17



**Bryan Vikings Summer
Conditioning Camp**

The Bryan Football coaching staff invites all participants in Bryan HS Athletics to attend the annual strength and conditioning camp Along with Sport specific skills.

**Extensive Individual strength training*

**Speed and conditioning workouts*

Typical Camp

Stretch/Warm-up

Weights

Break

Conditioning

Sport Specific Training

Questions: Call or Email

Coach Ricky Tullos

979-209-7990 / ricky.tullos@bryanisd.org

What to Bring: Shorts, T-Shirts, Tennis Shoes, Cleats, Water Bottle, Sunscreen, Medications

Bryan Vikings

Summer Conditioning and sport specific

Who: Bryan and SFA Coaches

When: June 2~July 17

Time: 7-12th Grade

8am~10am

Where: Bryan High School field house

Cost: Free

Camp Director:

Coach Ricky Tullos

Bryan High school

3310 Oak Ridge Dr.

Bryan, TX 77802

Phone: 979-209-7990

E-mail:

Ricky.tullos@bryanisd.org

Mail to:

Bryan High School athletics

Attention: Ricky Tullos

3310 Oakridge Dr.

Bryan, TX 77802

Walk~ups will be accepted

kings Conditioning Camp

n Information

Detach and mail with registration

Name: _____

Address: _____

Cell phone: _____

Emergency Phone: _____

Email: _____

Grade entering 2025: _____

Sport: _____

Please check one:

Waiver of Claims: I as a parent or guardian, hereby give permission for my child to participate in the summer strength 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.

This athletic camp/clinic follows guidelines set forth by Bryan ISD and the UIL.CamC29,

Parent/Guardian Signature:

X _____

MUST HAVE SIGNATURE ON FILE

