

# RICKY TULLOS VIKING

## 2<sup>ND</sup> - 9<sup>TH</sup> 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 \_\_\_\_\_