



2023 BROCK EAGLES FOOTBALL CAMP

WHEN **July 10th – July 13th, 2023**
MONDAY – THURSDAY

TIME: **Incoming 7th- 9th Graders 10:00am–12:00pm**
Incoming 1st- 6th Graders 6:00pm–8:00pm

WHERE: **Brock Eagle Football Stadium**

COST: **\$100 Camper (Cash or Check)**
If there are two or more campers from the same household attending
(Siblings) \$100 for 1st camper & \$75 for additional campers

ONLINE: **Click here to register online. <https://forms.gle/feqz8f8mm84KuGH17>**

MAIL: **Mail early registration to:**
Brock Football Camp Registration
669 South Sugar Tree Dr. Lipan, TX 76462

MAKE CHECKS PAYABLE TO: Billy Mathis

ELIGIBLE CAMPERS: **All Incoming 1st through 9th graders.**

FOR MORE INFORMATION CALL: Coach Mathis 817-596-7425 EXT. 4105
or e-mail: bmathis@brockisd.net

CAMPER'S NAME: _____

GRADE (FALL 2023): _____

T-SHIRT SIZE: AS AM AL XL 2X (ADULT SIZES)
 YS YM YL (YOUTH SIZES)

PARENTS NAME: _____

PHONE: _____ **Email:** _____



Release of Liability

In consideration of my participation in the Brock Football Camp, I do hereby, for myself, release and discharge the Brock Football Camp, BISD and all personnel, therefore all claims and damages, demand, action or whatsoever in any manner arising or growing out of my participation at the Brock Football Camp. I attest and verify that I, without endangering my health, hereby release Brock Football Camp, BISD and all personnel from any liability now or in the future. Including, but not limited to heart attacks, muscle strains, pulls, broken bones, shin splints, heat prostration, knee/lower back or foot injuries or any other illnesses, or soreness or injury however caused, occurring during or after participation in the exercise program. If, in fact, an injury that requires emergency medical attention occurs, I reserve the right for the Brock Football Camp to take action through medical facilities in the area. Brock Football Camp reserves the right to discontinue an athlete's program at any time for any reason. I have read the information in full, and to the best of my ability understand the information above.

Participant Name _____

Signature for Release of Liability

Signature: _____ Date: _____

Parent/Legal Guardian