



Brock Eagle Boys Golf Camp



Date: June 27-29 (Tuesday-Thursday)

Where: Canyon West Golf Club

160 Club House Dr.

Weatherford, TX 76087

Grades: Incoming 3rd – 6th grade **Time:** 8:00 AM – 9:45 AM

Grades: Incoming 7th – 9th grade **Time:** 10:00 AM – 12:00 AM

Cost: \$100 Make checks payable to: Hunter Fincher

*You may mail in forms addressed to: Hunter Fincher 300 Grindstone Road Brock, TX 76087

*Or you may send with your child to the Brock Junior High Attn: Hunter Fincher

Brock ISD employee, send an email to hfincher@brockisd.net for a discount.

Name: _____ **School:** _____

Incoming Grade: _____ **Cell:** _____

Parent/ Guardian: _____

T-shirt Size: (Circle) YS YM YL S M L XL

As the parent/guardian of _____, I release, waive, discharge Brock ISD, employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damages including death which may be sustained by my child during the duration of the Brock Eagle Golf Camp. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in camp. During the period of camp. I hereby give permission to the staff of Brock High School to administer proper medical assistance to my child in the event of an accident, illness or injury. I understand that I will be responsible for any and all cost of medical treatment and coverage provided not covered by insurance. I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.

Parent/Guardian Signature: _____ **Date:** _____