



BRENHAM CUBS

SAC CAMP 2025

Where: Cub Stadium & Kruse Field House

When: Monday-Thursday

Start: June 2-5, June 9-12, June 16-18, June 23-26, July 7-10, July 14-17,
July 21-24, Jul 28-30

Off: June 19, June 30-July 3

Time: **Boys Incoming 10th-12th:** 7:00 a.m. - 10:00 a.m. - ***Mon-Thurs: Drop off at Cub Stadium, pickup at Kruse***

Boys Incoming 9th: 7:00 a.m. - 10:00 a.m. - ***Mon-Thurs: Drop off at Kruse, pick up at Cub Stadium***

Boys Incoming 7th-8th: 9:00 a.m. - 11:00 a.m. - ***Mon-Thurs at Cub Stadium***

Additional Information: ALL incoming 7th graders must have physicals. Pay close attention to the off days and weeks off.

Athlete's Name: _____

Address: _____

City/Zip: _____

Phone Number (home): _____

Phone Number (cell): _____

Parents Name: _____

Email address: _____

Emergency Contact: _____

Relation to Athlete: _____

Emergency Contact Number: _____

Fall 2025 grade level: _____

Sports Played: _____

Return this form to your campus coach, drop by the field house or mail to:

Brenham High School c/o Danny Youngs

525 A H Ehrig Dr. Brenham, TX 77833

Release of Liability

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

SIGNATURE FOR RELEASE OF LIABILITY

Signature of Participant: _____ Date: _____

Signature of Guardian: _____ Date: _____

For Questions Contact: Danny Youngs, Athletic Director/Head Football Coach (979) 277-3790 ext. 4100, dyoungs@brenhamk-12.net