

2025 FOOTBALL CAMP July 28, 29, 30

Health Insurance Co. & #

COST: \$50

Print Name of Parent/Guardian

WHO: Incoming 9th grade athletes at SCHS

Incoming 7th and 8th grade athletes zoned to SCHS

DATES: Tuesday July 28 - Wednesday July 29 - Thursday July 30

TIME: 8 am to 11 am

LOCATION: Shadow Creek HS Athletic Facility and Fields (Kirby Entrance)

We would like to invite you to join the Shadow Creek Football Staff for the 2025 SCHS Football Camp. We are excited to have the opportunity to work with you. Campers will benefit from three days of fundamental instruction and drill work. This camp is a great asset to you before the 2025 season begins.

Online payment available June 9 – July 25 www.myschoolbucks.com

Registration and payment are due the first day of camp. After July 25 Cash or check payable to Alvin ISD Athletic Dept.

Complete and ret	urn registrationComplete and	return regist	ration ***C	omplete ar	nd return reg	istration ***			
2025 Football Camp									
NAME					PHONE				
EMERGENCY CONTACT	RGENCY CONTACT				RELATIONSHIP				
PHONE #				EMERGENCY #					
GRADE IN 24-25	SHIRT SIZE:	S	M	L	XL	XXL			
PARENT/GUARDIAN: I authorize the camp fees associated with any injury that may occu Camps. By my signature below, I hereby rele- trustees, workers, and volunteers that relate to	personnel to act for me in car. My child is physically fit to ase and forever discharge, an	o participate d waive, an	nedical em e in any vig y and all c	gorous act laims aga	tivity that n inst Alvin l	night take place at SD, its employees	Alvin ISD Sports		
Signature of Parent/Guardian			Date						