

MUSTANGS CHAMPIONS COURSE 2018

SPEED AND STRENGTH TRAINING

High School and Middle School Athletes

CAMP RUN BY GHS COACHES

Who: MUSTANG ATHLETES (7th-12th GRADE) ALL SPORTS
STUDENTS GRADE BASED ON 2018-2019 SCHOOL YEAR

When: JUNE 11th - JULY 26th (NO TRAINING JULY 2nd-6th)
MALE ATHLETES: Monday - Thursday 7:00AM – 9:00AM
FEMALE ATHLETES: Monday – Thursday 8:30AM – 10:30AM

Where: Male Athletes report to GHS MAC (Indoor Field)
NEW BUILDING SOUTH OF SCHOOL NEXT TO TENNIS COURTS
Female Athletes report to CTMS Turf Field

Cost: \$185 PER STUDENT (NON-REFUNDABLE)
Make Checks payable to "GHS CHAMPIONS COURSE"

**PLEASE SUBMIT FORM AND
PAYMENT ON OR BEFORE
JUNE 7TH**

INQUIRIES SHOULD BE DIRECTED TO COACH MIKE ALEXANDER AT MICHAEL.ALEXANDER@GCISD.NET

SCHOLARSHIPS AVAILABLE: CONTACT COACH MIKE ALEXANDER AT MICHAEL.ALEXANDER@GCISD.NET or (817)251-5643

GCISD IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS FLYER.

**Detach and return this portion to Coach Mike Alexander at
3223 Mustang Drive Grapevine, TX 76051
Make Checks payable to "GHS CHAMPIONS COURSE"**

Student Information

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ Zip: _____
Grade 2018-2019: _____ Shirt Size (Check one): YMD YLG ASM AMD ALG AXL AXXL
School Attending 2018-2019 (Check one): GHS GMS CMS CTMS
Gender: Male Female What Sports do you plan to play 2018-2019? _____

Parent Information

Full Name: _____ Relationship to Child: _____
Address (if different from player): _____ City: _____ Zip: _____
Cell Phone: _____ Email: _____

As parent/guardian for the named participant, I hereby waive any and all claims or rights of action against Grapevine Colleyville Independent School District (GCISD), Grapevine High school (GHS), and GHS Football, or camp coaches for damages and/or injuries sustained by my child/children while participating in Mustang Champions Course. I hereby consent to allow agents of the Grapevine-Colleyville Independent School District (GCISD) to act in the best interest of my child in the event of a medical emergency. I authorize them to seek appropriate medical attention as required by the circumstances, including transportation to emergency facilities. Representatives of the GCISD will notify me and/or the emergency contact as soon as possible. I understand that I am financially responsible for costs incurred in the medical treatment of the named participant.

Signature of Legal Parent or Guardian: _____ **Date:** _____