

**Return Registration Form to:**

**Robert Davies  
301 Warrior Trail  
Grand Prairie, TX 75052**

**NAME:** \_\_\_\_\_

**ENTERING GRADE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES: June 8-9-10-11**

**COST: \$65.00**

**CONTACT NUMBER:** \_\_\_\_\_

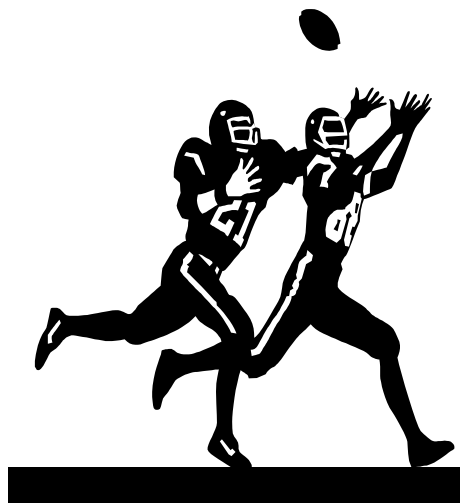
**MEDICAL INSURANCE CO:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**MEDICAL RELEASE**

I Certify that my child has been examined by a physician and found to be in good health and able to compete in this camp without restrictions. I authorize the directors of this camp to act for me according to their best judgment in an emergency requiring medical attention if I cannot be reached. I hereby release ***SOUTH GRAND PRAIRIE HIGH SCHOOL*** and ***SGP Camp Staff*** and ***GPISD*** in case of injury or illness to my child while at camp.

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_



**WARRIOR FOOTBALL**

**SUMMER CAMPS**

*SOUTH GRAND PRAIRIE HIGH SCHOOL*

**2009**

**ANY QUESTIONS PLEASE CONTACT:**

**ROBERT DAVIES**

**HEAD FOOTBALL COACH**

**SOUTH GRAND PRAIRIE H.S.**

**301 Warrior Trail**

**Grand Prairie, TX 75052**

**972-343-1537**

**Robert.Davies@gpsid.org**



**S . G . P .**



**WHERE:**

**Warrior Stadium  
301 Warrior Trail  
Grand Prairie, Tx 75052**

**972-343-1537**

*"Focus directs your talent.  
Preparation positions your  
talent. Practice sharpens  
your talent."  
- John Maxwell*

**WARRIOR FOOTBALL  
2009**

**CAMP STAFF**

SGP Warrior Football Coaching Staff

**WARRIOR FOOTBALL  
SUMMER CAMPS**

**SOUTH GRAND PRAIRIE HIGH SCHOOL  
2009**

**DATES: June 8-9-10-11**

**TIMES: 8:00 AM—Noon**

**COST: \$65.00**

**ONE SESSION OFFERED**

**K-8**

**WHAT TO WEAR:**

T-shirt, shorts and proper footwear

**MAKE CHECKS PAYABLE TO:  
Coach Robert Davies**

**SHIRT SIZE FOR CAMPER:**

**Youth Size: \_\_\_\_\_**

**Adult Size: \_\_\_\_\_**