



CAMP DIRECTOR: ERIC WELLS

DAWSON HIGH SCHOOL  
2050 CULLEN BLVD.  
PEARLAND, TX 77584

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***2011 EAGLE  
MINI  
CAMP***

***OPEN TO ALL  
INCOMING  
7th, 8th & 9th  
GRADERS***

***JULY 28TH -  
JULY 29TH***

**2011  
EAGLE  
MINI  
CAMP**

THE DAWSON EAGLE COACHING STAFF WOULD LIKE TO INVITE ALL STUDENT-ATHLETES THAT WILL BE ATTENDING DAWSON HIGH SCHOOL AND ARE INCOMING 7,8, OR 9TH

GRADERS TO THE 5TH ANNUAL

DAWSON EAGLE MINI-CAMP. THE CAMP WILL BE JULY 28TH—JULY 29TH, FROM 8:00 A.M.—12:00 P.M.

**\*FUNDAMENTALS OF**

**FOOTBALL**

**\*BLOCKING**

**\*THROWING**

**\*CATCHING**

**\*TACKLING**

**\*COMPETITIONS**

**\*7 ON 7**

**\*PUNT, PASS AND KICK**

**\*CAMP T-SHIRTS INCLUDED**

**DAWSON EAGLE  
MINI-CAMP**

**WHO: DAWSON HIGH SCHOOL**

**JR. HIGH SOUTH**

**BERRY MILLER**

**COACHING STAFFS**

**WHEN: JULY 28TH—JULY 29TH**

**TIME: 8:00 AM-12:00 PM**

**PLACE: DAWSON HIGH SCHOOL**

**2050 CULLEN BLVD.**

**COST: \$50 PRE-REGISTRATION**

**\$60 WALK-UP**

**REGISTRATION INFORMATION**

**WALK-UPS WILL BE ACCEPTED**

*PRE-REGISTRATION DEADLINE: JULY 15, 2011*

**MAKE CHECKS PAYABLE: DAWSON FOOTBALL CAMP**

**MAIL TO: DAWSON HIGH SCHOOL**

**ATTENTION: RYAN SILVERTOOTH**

**2050 CULLEN**

**PEARLAND, TX 77581**



**DETACH AND MAIL WITH REGISTRATION**

**NAME: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_**

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

**HOME PHONE: \_\_\_\_\_**

**EMERGENCY PHONE: \_\_\_\_\_**

**ADULT T-SHIRT SIZE: \_\_\_\_\_**

**GRADE ENTERING 2011 YEAR: \_\_\_\_\_**

**POSITION: \_\_\_\_\_**

I, as a parent or guardian give my permission for my child to participate in the **EAGLE MINI-CAMP** and acknowledge that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director or the institutions providing facilities.

This athletic camp/clinic follows guidelines set forth by Pearland ISD and UIL.

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

**DATE: \_\_\_\_\_**

