

CAMP HEAD START ALUMNI

RB ANTHOHNY EVANS	UNIV. OF HOUSTON
C TREVOR REESE	NORTHWESTERN
OT ROBBY HEOS	RICE
RB BRANDON ROBERSON	NORTHWESTERN
LB SCOTT DERRY	TEXAS
DE CYRIL OBIOZOR	TEXAS A & M
DB QUINTON MOORE	OKLAHOMA STATE
OT ALAN PELC	NORTH CAROLINA
RB FOZZY WHITTAKER	TEXAS
DB NICK SAENZ	UNIV. OF HOUSTON
OL BRIAN THOMAS	TEXAS A & M
DL BERNARD OBI	UTEP
WR KEVIN MILLER	SAM HOUSTON ST.
DB JARRED STEWART	UTAH
RB KASEY CARRIER	NEW MEXICO



2008 5A Div. I STATE QUARTERFINALIST

**Camp Director: Tony Heath
Pearland High School
3775 South Main
Pearland, TX 77581**

Phone: 281-997-3232
Fax: 281-412-1110
Email: heathton@pearlandisd.org

2008 5A Div. I STATE QUARTERFINALIST

2009 CAMP HEAD START

PEARLAND FOOTBALL



**OPEN TO ALL INCOMING
7TH-9TH GRADERS**

**AUGUST 3RD-5TH
8:00-11:00AM**

PEARLAND HIGH SCHOOL

**Building *CHAMPIONS*, one
heart at a time...**

**PEARLAND HIGH SCHOOL
CAMP HEAD START**

THE PEARLAND FOOTBALL COACHING STAFF INVITES ALL INCOMING 7TH, 8TH AND 9TH GRADERS TO ATTEND THE ANNUAL **CAMP HEAD START**. FUNDAMENTALS OF OFFENSE AND DEFENSE WILL BE TAUGHT AS PLAYERS CAN GET A HEAD START ON THE UPCOMING FOOTBALL SEASON.

- *AGILITY TRAINING
- *FUNDAMENTALS
- *POSITION SPECIFIC TRAINING
- *OFFENSE/DEFENSE DRILLS
- *CAMP T-SHIRT INCLUDED
- *POPSICLES

TYPICAL CAMP DAY

- 8:00 STRETCH/WARMUPS**
- 8:15 AGILITIES**
- 8:55 WATER BREAK**
- 9:00 OFFENSE**
- 9:50 BREAK**
- 10:00 DEFENSE**
- 10:55 END OF WORKOUT/
PARENT PICK-UP**

REGISTRATION INFORMATION

WHEN: AUG. 3RD-5TH

WHERE: PEARLAND HIGH SCHOOL

TIME: 8:00 -11:00AM

COST: \$50 PRE-REGISTRATION
***\$60 FOR WALK-UPS
DISCOUNTS AVAILABLE FOR SIBLINGS***

WALK-UPS WILL BE ACCEPTED

MAKE CHECKS PAYABLE: **PEARLAND
FOOTBALL CAMP**

MAIL TO: PEARLAND HIGH SCHOOL

ATTENTION: MIKE NORMAN

3775 SOUTH MAIN
PEARLAND, TX 77581



**WHAT TO BRING: SHORTS, T-SHIRT,
CLEATS AND SNEAKERS, WATER BOT-
TLE, SUNSCREEN, MEDICATIONS**

DETACH AND MAIL WITH REGISTRATION

NAME: _____

ADDRESS: _____

ZIP: _____ PHONE: _____

CELL PHONE: _____

EMER. PHONE: _____

EMAIL: _____

SHIRT SIZE(CIRCLE ONE): YS YM YL
AS AM AL AXL AXXL

GRADE FOR 2009-10: 7 8 9

SCHOOL FOR 2009: _____

METHOD OF PAYMENT

_____ Cash _____ Check #

“This athletic camp/clinic follows guide-
lines set forth by Pearland ISD and the
UIL.” I hereby authorize the directors to act for
me to their best judgment in any emergency re-
quiring medical attention. I acknowledge that I
will be responsible for any cost through family
medical insurance or otherwise incurred due to
injury or sickness to my son. I hereby waive any
claims I might have against the camp, directors,
or the institution providing the facilities.

PARENT/GUARDIAN SIGNATURE

_____ DATE: _____