

# RICKY TULLOS FOOTBALL CAMP 7<sup>TH</sup>-9<sup>TH</sup> GRADE FOOTBALL CAMP 2019

## Home of the 2010 5A DI State Champions



WHERE: THE RIG  
WHEN: JULY 29- JULY 31, 2019 (M-W)  
TIME: 8:00AM-11:00AM  
INSTRUCTORS: PEARLAND OILER FOOTBALL STAFF

**COST: \$60.00 PRE-REGISTER ~ \$70 FOR WALKUPS**

WEAR: SHORTS, T-SHIRT & RUNNING SHOES

BRING: A POSITIVE ATTITUDE, CLEATS, WATER BOTTLE,  
SUNSCREEN & MEDICATIONS



FOR MORE INFORMATION  
CALL: RICKY TULLOS  
CAMP DIRECTOR  
281.997.3281  
tullosr@pearlandisd.org

SKILLS: FOOTBALL SKILLS, WEIGHT ROOM TECHNIQUES, NUTRITION, AND LEADERSHIP DEVELOPMENT

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

PARENT'S NAME: \_\_\_\_\_

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

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

JUNIOR HIGH ATTENDED: \_\_\_\_\_

GRADE ENTERING 2018: \_\_\_\_\_

SHIRT SIZE : ADULT: S M L XL 2X

PLEASE MAIL COMPLETED FORM &  
MAKE CHECKS PAYABLE TO:

TULLOS FOOTBALL CAMP

% RICKY TULLOS

3015 MACOMA

PEARLAND, TEXAS 77581

**Waiver of Claims:** I, as parent or guardian, hereby give permission for my child to participate in the summer strength camp. I acknowledge that he is physically able to participate activities. I hereby authorize the directors to act for me in their best judgment in a medical emergency. 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. **This athletic camp/clinic follows guidelines set forth by Pearland ISD and the UIL.**

**PARENT'S SIGNATURE: X** \_\_\_\_\_