



CAMP DIRECTORS:

LUPE FLOREZ & JAMIE SCOTT

Contact info for any questions:

Gflorez@ccisd.net

JaScott@ccisd.net

Office: (281) 284 - 2160

*THE CLEAR BROOK STP WILL CONSIST OF A 55 MIN WEIGHT ROOM PERIOD AND A 55 MIN PERIOD OUTSIDE.

*WE WILL BE DOING SPEED AND AGILITY DRILLS ON THE GRASS, SO CLEATS ARE RECOMMENDED, BUT NOT REQUIRED.

*WE WILL PROVIDE WATER, BUT YOU CAN BRING YOUR OWN WATER OR SPORTS DRINK.

*PROPER HYDRATION DOES NOT HAPPEN THE DAY OF EXERCISE, ATHLETES NEED TO BE DRINKING WATER THROUGHOUT THE WEEK AND WEEKEND TO BE AT THEIR BEST.

INFORMATION AND REGISTRATION FORM WILL BE POSTED ON THE FOOTBALL WEBSITE.

www.clearbrookfootball.com



**2019
CLEAR BROOK
STRENGTH
TRAINING
PROGRAM**

**OPEN TO ALL
INCOMING 7-12TH
GRADE ATHLETES**

**JUNE 3rd THRU
JULY 26TH
Mon—Thurs**

In order to better serve each level of athlete, we have split them up by age groups. The weight room and outside stations will be more specific to the needs of the athletes attending. If there is an issue attending the session for your age group, please contact us and we will make it work.

WHEN: JUNE 3rd - JULY 26th

Mon—Thurs

10th - 12th BOYS:

7:00 AM—WEIGHT ROOM

8:00 AM—OUTSIDE

9:00 AM—END OF WORKOUT

ALL GIRLS:

8:00 AM—WEIGHT ROOM

9:00 AM—OUTSIDE

10:00 AM—END OF WORKOUT

7th - 9th BOYS:

9:00 AM—WEIGHT ROOM

10:00 AM—OUTSIDE

11:00 AM—END OF WORKOUT

**2019
CLEAR BROOK
STRENGTH TRAINING
PROGRAM**

THE CLEAR BROOK COACHING STAFF WOULD LIKE TO INVITE ALL STUDENT-ATHLETES THAT WILL BE ENTERING THE 7TH—12TH GRADE TO THE CLEAR BROOK STRENGTH TRAINING PROGRAM.

***EXTENSIVE INDIVIDUAL STRENGTH TRAINING**

***SPEED AND CONDITIONING WORKOUTS**

***COST:**

\$100

Price covers a T-shirt & 10 weeks of training

**CLEAR BROOK
STRENGTH TRAINING PROGRAM
REGISTRATION INFORMATION**

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11:00 AM—END OF WORKOUT

**WALK-UPS WILL BE AC-
CEPTED**

**PRE-REGISTRATION
DEADLINE: MAY 24, 2018**

**Must Pay by Money Order
Or Cash. Checks Will Not
be Accepted**

MAIL TO: CLEAR BROOK HIGH SCHOOL
ATTENTION: Guadalupe Florez
4607 FM 2351
Friendswood, TX 77546

DETACH AND MAIL WITH PAYMENT

NAME: _____

HOME PHONE: _____

EMERGENCY PHONE: _____

ADULT T-SHIRT SIZE: _____

GRADE ENTERING 2019 YEAR: _____

SPORT: _____

I, as a parent or guardian give my permission for my child to participate in the CLEAR BROOK STP, 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 CLEAR CREEK ISD and UIL.

PARENT / GUARDIAN:

DATE:
