

**Return Registration Form to:**  
Robert Davies  
301 Warrior Trail  
Grand Prairie, TX 75052

NAME: \_\_\_\_\_  
ENTERING GRADE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_

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

**DATES: June 15-July 23 (M-Th)**  
**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:** \_\_\_\_\_



<b>WARRIOR ATHLETIC</b>
<b>SUMMER PRIDE CAMP</b>
<i>SOUTH GRAND PRAIRIE HIGH SCHOOL</i>
<b>2009</b>

<b>ANY QUESTIONS PLEASE CONTACT:</b>
<b>ROBERT DAVIES</b>
<b>ATHLETIC COORDINATOR</b>
<b>SOUTH GRAND PRAIRIE H.S.</b>
<b>301 Warrior Trail</b>
<b>Grand Prairie, TX 75052</b>
<b><u>972-343-1537</u></b>
<b><u>Robert.Davies@gpsd.org</u></b>



S . G . P .



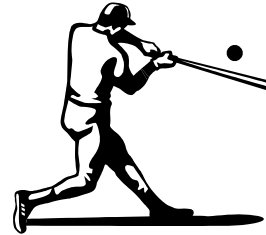
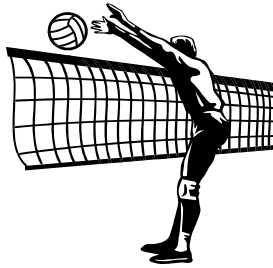
**WHERE:**

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

**972-343-1537**

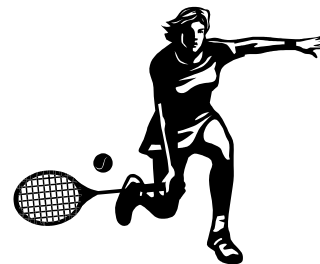
*"Focus directs your talent.  
Preparation positions your  
talent. Practice sharpens  
your talent."  
- John Maxwell*

**WARRIOR ATHLETICS  
2009**



**CAMP STAFF**

**SGP Warrior Coaching Staff**



**WARRIOR ATHLETIC  
SUMMER PRIDE CAMP**

**SOUTH GRAND PRAIRIE HIGH SCHOOL**

**2009**

**DATES:** June 15-July 23 (M-Th)

**MORNING:** 6:30 - 8:30

**AFTERNOON:** 5:30-7:30

**COST:** \$65.00

**Incoming 9-12 Graders**

**WHAT TO WEAR:**

T-shirt, shorts and proper footwear

**MAKE CHECKS PAYABLE TO:**

**Coach Robert Davies**

**SHIRT SIZE FOR CAMPER:**

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

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