

Summer Course '17

CAP Elite will run the summer strength, speed and conditioning program from June 12th-July 27th. The week of July 3-7 will be off for 4th of July holiday. MHS coaches will be assisting in compliance with UIL rules.

Who is Eligible?

All incoming 7th-12th grade **boys** of Montgomery ISD (No Exceptions)

What Days and Time?

Monday-Thursday (per U.I.L. guidelines)

Session I: 8am-9:40am (HS boys 9-12 grade)

Session II: 10-11:30am (All incoming 7th and 8th grade boys)

Location?

Ninth Grade Campus Weight Room. Enter through door #29 (Near Sandpit/monkey bars). Park in the 9th grade campus parking lot.

How much does it cost?

The **fee is \$150** for payments received on or before May 31, 2016. All fees received **after June 1 will be \$165** and must be in by June 12.

Fee is \$85 if 3 or more weeks will be missed.

Contact Eddie Enriquez to set up payment extension or hardship plan. No refunds.

What if I can't afford it?

We don't want anyone left out. If another payment plan would help we can arrange it. Contact Eddie Enriquez to arrange an alternate payment plan. Payment plan must be paid in full by June 12th.

What do I wear?

Wear appropriate shorts, shirt and athletic shoes. Bring cleats also. School and athletic dress code will be enforced.

Who do I contact for information?

Call Eddie Enriquez at CAP Elite 281-844-8200 or email eddie@capelite.com

How do I register?

Complete registration form and waiver, and return registration fee. Please make **checks payable to CAP Elite.**

Mail to:
Eddie Enriquez
CAP Elite
10600 Commerce Row, ST A
Montgomery, TX 77356



I hereby authorize the camp staff to act for me according to their best judgment, in an emergency requiring medical attention, and hereby waive and release Montgomery High School, CAP Elite, and its staff from any and all liability for any injuries and illnesses incurred while at the summer camp. I have no knowledge of a medical problem or physical impairment that would affect the above named camper to safely participate in the camp as outlined in the flyer. I certify that the camper is covered by a medical insurance policy in case of illness or injury.

Parent or Guardian Signature: _____ Date: _____
Return form, waiver and fee to:
CAP Elite, Attn: Eddie Enriquez
10600 Commerce Row, St A
Montgomery, TX 77356

Name _____ Grade (2017-18) _____
Parent/Guardian Names _____
Address _____ Zip _____
Phone HM: _____ Cell: _____ Work: _____
Email address: _____
Choose one: _____ Session I: 8-9:40
_____ Session II: 10-11:30
Camp Waiver