

Medical Release

I understand that neither the school district, the director, nor anyone connected w/ M.A.C. Conditioning Camp will assume any responsibility for accidents, medical, dental, or other expenses incurred as a result of an accident sustained during the program.

Athlete: _____ Date: _____
(Signature)

Parent: _____ Date: _____
(Signature)

Please make check or money order payable to
"Fossil Ridge Football."

Mail Payment of \$95 to:

Tony Baccarini
Fossil Ridge High School
4101 Thompson Road
Keller, Texas 76244
817.744.1802

Fossil Ridge High School

M.A.C.

ULTIMATE SPEED AND STRENGTH CAMP

2010

"Making of
A
Champion"



"27 COLLEGE FOOTBALL PLAYERS"
2007 District & Bi-District Champions
2006 District & Bi-District Champions
2005 5-5A District Runners-Up



"Win everyday, in everything you attempt."
"We are Ridge"

M.A.C.

(Making of a Champion)

Session 1

Incoming 10 - 12 Grade

7:30 AM - 9:00 AM

Session 2

Incoming 7 - 9 Grade

9:30 AM - 11:00 AM

M.A.C.

Summer Program

June 7th - July 22th

**“No workout the week of
July 5th”**

Registration Form

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone: _____

Grade (as of Fall 2010): _____

Day Time EMERGENCY Contact:

Name: _____

Relationship: _____

Phone Number: _____

Fee: \$95

(Fee includes \$5 Health Insurance)