



# Montgomery County

# \$100



## Instructed by Cisco Martinez

Friday Evenings (4 Sessions)

Session Time: 6:30 - 8:00pm

Location: SCFL-Gullo Fields

February: 28th

March: 21st, 28th

April: 4th

## Lineman Challenge

6<sup>th</sup> – 9<sup>th</sup> Grades

- ✓ End-of-session Speed Camp USA T-Shirt
- ✓ Stance & Starts & Down Blocking
- ✓ Drive Blocking & Reach Blocking
- ✓ Drills-Technique Training

*For more information call Speed Camp USA at (936) 266-0070 (phone or fax)*

Position (circle):    Offensive                  Defensive  
T shirt size (circle): AS AM AL AXL AXXL  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Parents Name: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ School: \_\_\_\_\_  
Email: \_\_\_\_\_

(for confirmation purposes; exclusive to Speed Camp USA)

### RELEASE OF LIABILITY (waiver)

I give permission for \_\_\_\_\_ to participate in the 2025 event(s) conducted by Speed Camp USA. I understand that I must provide insurance coverage for my child and acknowledge that Speed Camp USA and any agent involved with Speed Camp USA shall be held harmless in the event of injury. I further understand that the school insurance does not cover this event.

### SIGNATURE FOR RELEASE OF LIABILITY

Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Credit Card Information:

Check One:  MasterCard  Visa  Discover  
(all credit card transactions will have a \$2.95 processing fee)

Card # \_\_\_\_\_

Amt \$ \_\_\_\_\_ Exp(mo./yr.) \_\_\_\_/\_\_\_\_

CVV# \_\_\_\_\_ ZipCode \_\_\_\_\_

Auth. Signature \_\_\_\_\_

### Check Information:

Check# \_\_\_\_\_ Amt \$ \_\_\_\_\_

Make payable to: **Speed Camp USA**

**NO refunds after Feb 22nd**

Mail To: **Speed Camp USA**

P.O. Box 8063, The Woodlands, TX 77387

Register by Mail or Fax or Online @

[www.SpeedCampUSA.com](http://www.SpeedCampUSA.com)



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