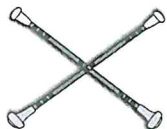# BRIARWOOD ACADEMY CAMP FORM

Football Camp
Upcoming K5-5th grades
Will separate into 2 age groups - Lower (K5-2nd) and Upper (3rd-5th)
Time: Tuesday-Friday, May 24-27 from 9:00-12:00 pm
Location: Football Field
Contact: Bo Fleming - flemingb@briarwoodacademy.com

Twirling Camp
Upcoming K4-5th grades
Time: Wednesday-Friday, May 25-27 from 9:00-12:00 pm
Location: Gym
Contact: Traylee Dean - deant@briarwoodacademy.com

Basketball Camp (Boys and Girls)
Upcoming K5-2nd 8:00-10:00 3rd-5th 10:00-12:00 pm
Time: Tuesday-Thursday, May 31-June 2
Location: Gym
Contact: Buster Douglas - douglasb@briarwoodacademy.com

Cheer Camp
Upcoming 3rd-5th grades
Time: Monday-Thursday, July 18-21 from 9:00-12:00 pm
Location: Gym
Contact: Mary Lynn Reese - reesema@briarwoodacademy.com

Baseball camp
Upcoming 1st -5th grades
Time: Wednesday - Friday, June 8-10 from 9:00-12:00 pm
Location: Baseball field
Contact: Wayne Wilson - rwaynewilson2003@yahoo.com

Softball camp
Upcoming 3rd-5th grades
Time: Wednesday - Friday, June 8-10 from 9:00-12:00 pm
Location: Softball field
Contact: DJ Shellnut- shelnuttd@briarwoodacademy.com

Please send form back by Wednesday, May 4 and your account will be billed

Name:_____ Grade for next year:_____

T-shirt size: YS   YM   YL   AS   AM   AL

Please check all camps you would like to attend!!!

_____ Football Camp $65

_____ Cheer Camp $65

_____ Basketball Camp $50

_____ Twirling Camp $50

_____ Softball Camp $50

_____ Baseball Camp $50

Total: _____

Parental Consent

The undersigned parent or guardian understands that applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk and releases Briarwood Academy, its officers, director, and employees from any and all liability from personal injury arising out of the applicant's participation in the Briarwood Summer Camps.

I hereby grant permission for my son/daughter to attend the Briarwood Summer Camps and to be treated by a licensed physician during the event of an injury, accident, illness, or mishap.

Parent's signature: _____ Date: _____

Parent Contact:_____ Contact Number:_____

Emergency Contact:_____ Contact Number:_____