Summer Strength and Conditioning Program

W. B. Ray High School

WHO:	Incoming 7 th - 12 th Grade Girls and Boys		
DATE:	June 2 nd – July 24 th (OFF Thurs July 3 rd)		
TIME:	8:30am- 10:30am		
	10:30am-11:30am Sports Sp	ecific Training 7 th grade-12 th grade	
	Monday/Wednesda	ay- Football/Volleyball	
	Tuesday/Thursday-	All Other Sports	
LOCATION:	Ray High School Weight Room/ Track/Wrestling Room/Gyms/ Sandpit		
WHAT IS NEEDED:	Athletic attire: athletic shoes, shorts & shirt required. Students need to bring own water jug		
CAMP PURPOSE:	To strengthen and condition athletes for all sports.		
COST:	FREE		
Athletic Coordinator/ Head Football Coach:		Craig Charlton crcharlton@ccisd.us 361-878-7300 ext. 21640	
Phone Number durin	ng workout hours:	361-548-3366	
Please fill out the fo	ollowing information		
Athlete's First & Last	Name:	Athlete's Grade Level ('25-26'):	
Address:		TARREST ATT	
City, State, & Zip	SHIPPERA	3 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Parent/Guardian Firs	t & Last Name (s):	以其實及其實理學的例	
PARENTAL RELEASE I	ORM		
I hereby release Ray respective officers, reacts or omissions, cla my child's participation	High School and the Corpus C egents, trustees, employees, a ims, causes of action, injuries	hristi Independent School District and all of their and agents of any kind from any and all liability for any damages, or cost of expenses regarding or relating to ctivity. I acknowledge and warrant that I have read	
Athlete's Name:			
Emergency Contact P	hone Number:		
Parent/Guardian Nan	ne (Please print):		
Parent/Guardian Signature: Date:		Date:	

2025 W. B. Ray High School Football Camp

Incoming 7th-9th Grades

WHO:

DATE:	July 28 th – July 30 th		
TIME:	9am- 11am		
LOCATION:	Ray High School Football Field		
WHAT IS NEEDED:	Athletic attire, cleats, shorts, shirt required, own water jug		
CAMP PURPOSE:	To introduce players to the offensive and defensive schemes and meet coaches		
Price:	\$40.00 Cost includes T-Shirt.		
Registration:	Payment and registration can be made on Ray HS School Web store: (https://ray.ccisd.us) NO CASH/CHECKS will be accepted. Registration will be allowed the day of the camp (No T-Shirt guaranteed)		
Athletic Coordinator,	/ Head Football Coach:	Craig Charlton <u>craig.charlton@ccisd.us</u> 361-878-7300 ext.21640 During Camp Phone# 361-548-3366	
Please fill out the fo	llowing information		
Athlete's First & Last Name:		Athlete's Grade Level ('25-26'):	
Address:	City, State, & Zip		
Parent/Guardian First	: & Last Name (s):		
School 2025-26		T-Shirt Size (Adult S, M, L, XL, & XXL):	
PARENTAL RELEASE F	ORM		
respective officers, re acts or omissions, clai my child's participation	gents, trustees, employees, a ims, causes of action, injuries	hristi Independent School District and all of their and agents of any kind from any and all liability for any and agents or cost of expenses regarding or relating to ctivity. I acknowledge and warrant that I have read	
Athlete's Name:			
Emergency Contact	Phone Number:		
Parent/Guardian Na	ame (Please print):		
Parent/Guardian Signature: Date:			

W.B. RAY TEXAN SUMMER SOFTBALL CAMP

1002 Texan Trail Corpus Christi, Texas 78411 Athletics: 361-878-7300 ext. 21640 Fax: 361-878-2348



DATES:	June 11 and 12th		
TIMES:	5:00pm-7:00pm		
WHERE:	W.B. Ray Texan Softball Field		
WHO:	Campers entering grades 3		
WHAT:	Softball Skills and Drills		
PRICE:	\$30		
Registration:	Payment and Registration can be made on Ray HS Web store:		
	(http://ray.ccisd.us) No CA Camp (Ray webstore)	SH/CHECKS will be accepted. Registration will be allowed the day of	
Attire:	Rubber cleats or tennis sho	es, glove and water jug.	
ATHLETE'S NA	ME	GRADE LEVEL NEXT YEAR	
PARENT/GUAR	RDIAN'S NAME		
STREET ADDRE	SS	CITY, STATE, ZIP	
PARENT'S PHO	NE # (DURING CAMP HOURS		
School attendi	ng for 25-26		
	PARE	NTAL RELEASE FORM	
respective offi	se Ray High School and the Cocers, regents, trustees, empl	orpus Christi Independent School District and all of their oyees, and agents of any kind from any and all liability for ion, injuries, damages, or cost of expenses regarding or	
I acknowledge	and warrant that I have read	and understand the foregoing and agree thereto.	
Please Print:			
Camper's Nam	e:	Emergency Contact #	
Custodial Pare	nt/Guardian's Name (Print):		
Signature Pare	nt/Guardian:	Date:	
	the completed release form t		



Please contact Coach Eric Martinez (361)726-0899 or (eric.martinez@ccisd.us)

TEXAN BASKETBALL 2025 SUMMER CAMP

WHEN: JULY 24TH - 25TH

HOURS: 8:30 AM - 12:30 PM (DOORS OPEN @ 8:00 AM)

WHERE: RAY HIGH SCHOOL (MAIN GYM)

AGES: INCOMING 6TH - 9TH GRADERS (BOYS & GIRLS)

COST: \$40.00 (T-SHIRT INCLUDED)

REGISTRATION: RAY-HS.MYSCHOOLCENTRAL.COM

WHAT TO BRING: ATHLETIC ATTIRE & WATER BOTTLE

HEAD BOYS COACH: CODY RUSHING / CSRUSHING@CCISD.US (903) 908-5058

HEAD GIRLS COACH: LORIE RUIZ / LARUIZ@CCISD.US (361) 774-7530

PARENTAL RELEASE

I hearby release Ray High School and the Corpus Christi Independent School District and all their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts or omissions, claims, causes of actions, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above-referenced activity. I acknowledge and warrant that I have read and understand the foregoing and agree thereto:

Athlete's First & Last Name:	Athlete's Grade Level ('25-'26):
Athlete's Address:	
City, State, Zip:	
Emergency Phone Number:	
Parent/Guardian's First & Last Name:	
Parent/Guardian's Signature:	Date:

The Ray Volleyball Staff would like to invite you participate in our

W.B. Ray High School

2025 Lady Texan Volleyball Summer Camp

W.B. Ray High School Staples Gym 1002 Texan Trail Corpus Christi TX 78411

To Guarantee a free camp shirt:

Guardian's signature



June 3rd, 4th, 5th 9:00 AM - 12:00 PM Grades incoming 5th-9th

Guardian's printed

HTTPS://RAY-HS.MYSCHOOLCENTRAL.COM

No Cash 1. Scan the QR Code to register online: \$40 No Check No Money Order 2. Fill out this form & return to Coach Byrd Online Only!! -Raelynn.Byrd@ccisd.us -361-878-7300 x21718 T-Shirt Size: YL S M L XL Athletes Name: Address: Age: Incoming grade level: Previous School Attended: Parents Name: Email Address: In case of emergency, please contact: Relationship to student:_____ Mobile #:____ I hereby release W.B. Ray High School and the Corpus Christi Independent School District and all of their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts

or omissions, claims, causes of actions, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above referenced activity. I acknowledge and warrant that I have read and understand the foregoing and agree there to.

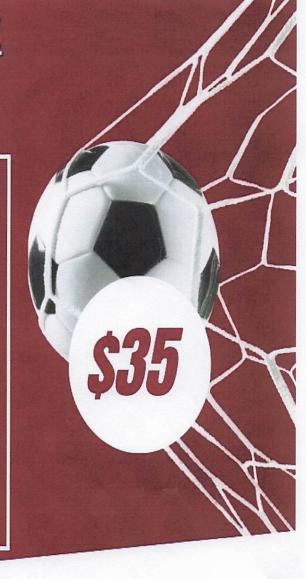
Date Signed

RAY HIGH SCHOOL BOYS SOCCER SUMMER CAMP

- WHEN: WEDNESDAY, JUNE 11 AND THURSDAY, JUNE 12, 2025
- TIME: 6:00-8:00 PM
- WHERE: RAY HIGH SCHOOL
- WHO: INCOMING 3RD-9TH GRADERS
- WHAT IS NEEDED: CLEATS (PREFERRED) OR SHOES, SHIN GUARDS, BALL, WATER
- REGISTRATION: PAYMENT MUST BE MADE ON THE
 RAY HIGH SCHOOL WEBSTORE, LOCATED ONLINE AT:
 RAY-HS.MYSCHOOLCENTRAL.COM
 ONLINE PAYMENT ONLY!

FOR MORE INFO, CONTACT SEBASTIAN YANEZ SEYANEZ@CCISD.US 361-878-7300 EXT. 21816

EACH STUDENT WILL NEED TO HAVE ONLINE REGISTRATION/PAYMENT COMPLETED AND PARENTAL RELEASE FORM (ATTACHED) SIGNED PRIOR TO PARTICIPATION



Parental Release Form

I hereby release Ray High School and the Corpus Christi Independent School District and all of their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts or omissions, claims, causes of action, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above-referenced activity. I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

ATHLETE NAME	ADDRESS
PARENT/GUARDIAN NAME PRINT	PARENT/GUARDIAN SIGNATURE
EMERGENCY CONTACT NUMBER	ATHLETE GRADE/SCHOOL FOR 2025-2026

	2025 W. B. Ray High School Wrestling Camp	
WHO:	Incoming 6 th -9 th Graders	
DATE:	July 7 th – July 9 th	
TIME:	11 am- 1:00 pm	
LOCATION:	Ray High School Room	
WHAT IS NEEDED:	Athletic attire, Wrestling Shoes, shorts, shirt required, own water jug	
CAMP PURPOSE:	To introduce players to our wrestling program	
Price:	\$30, includes T-shirt.	
Registration:	Payment and registration can be made on Ray HS School Web store: (https://ray.ccisd.us) NO CASH/CHECKS will be accepted. Registration will be allowed the day of the camp (No T-Shirt guaranteed)	
Head Wrestling Coach	Kasey Wilson kjwilson@ccisd.us 361-878-7300 ext.21637	
Please fill out the foll	owing information	
	owing information* ame: Athlete's Grade Level ('25-26'):	
Athlete's First & Last N		
Athlete's First & Last N Address:	ame: Athlete's Grade Level ('25-26'):	
Athlete's First & Last N Address: Parent/Guardian First &	Athlete's Grade Level ('25-26'): City, State, & Zip	
Athlete's First & Last N Address: Parent/Guardian First &	Athlete's Grade Level ('25-26'): City, State, & Zip & Last Name (s): T-Shirt Size (Adult S, M, L, XL, & XXL):	

Emergency Contact Phone Number:

Parent/Guardian Name (Please print):

Parent/Guardian Signature: ______ Date:_____

W.B. RAY TEXAN SUMMER BASEBALL CAMP

1002 Texan Trail

Corpus Christi, Texas 78411 Athletics: 361-878-7300 ext. 21640

Fax: 361-878-2348



DATES: June 2nd and 3rd 6:00pm-8:00pm TIMES: WHERE: W.B. Ray Texan Baseball Field Campers entering grades 3rd - 9th WHO: PRICE: Payment and Registration can be made on Ray HS Web store: Registration: (http://ray.ccisd.us) No CASH/CHECKS will be accepted. Registration will be allowed the day of Camp (Ray webstore) Cap, baseball pants, rubber cleats or tennis shoes, glove, baseball bat, and water jug. Attire: GRADE LEVEL NEXT YEAR_____ ATHLETE'S NAME PARENT/GUARDIAN'S NAME CITY, STATE, ZIP____ STREET ADDRESS PARENT'S PHONE # (DURING CAMP HOURS) School attending for 25-26 PARENTAL RELEASE FORM I hereby release Ray High School and the Corpus Christi Independent School District and all of their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts or omissions, claims, causes of action, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above-referenced activity. I acknowledge and warrant that I have read and understand the foregoing and agree thereto. Please Print: Camper's Name: _____ Emergency Contact #_____ Custodial Parent/Guardian's Name (Print): Signature Parent/Guardian: ____ Date:

Please contact Coach Orlando Ruiz (361)442-6450 or (orlando.ruiz@ccisd.us)

*Work Ethic *Respect *Commitment *Discipline

***** Return the completed release form to Ray HS baseball field.







SCAN HERE

PAYMENTS

Ray HS Campus Webstore only:

- > Ray.ccisd.us
- > Texan Webstore
- > Product Categories
- > Camps/Clinics
- > Athletic Training Camp

WHERE & WHAT

Ray High School Athletic Training
Room: CCISD 7th-12th Grades.
Enjoy learning about Sports
Medicine and collect a camp t-shirt!

NO CASH/CHECKS WILL BE ACCEPTED

I hereby release Ray High School and the Corpus Christi Independent School District and all of their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts or omissions, claims, causes of action, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above-referenced activity. I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

Student's Name & Shirt Size:	
Upcoming Grade and School Attending for 2025-2	26 year:
Emergency Contact Phone Number:	
Email Address:	
Parent/Guardian Name (Please print):	
Parent/Guardian Signature:	Date:

Return Flyer <u>SIGNED</u> to Athletic Training Staff in person or via Email: Kara.Kyle@ccisd.us Allen.Simms@ccisd.us



Kara Kyle: 361-533-6068 Allen Simms: 361-533-5673

