



BULLARD SUMMER SAC CAMP 2026

INCOMING 7th THROUGH 12th GRADE ATHLETES



Training Dates

Week 1: June 1-4
 Week 2: June 8-11
 Week 3: June 15-18
 Week 4: June 22-25
 Week 5: Closed
 Week 6: July 6-9
 Week 7: July 13-16
 Week 8: July 20-23

Time

7:30 am - 9:15 am (HS ATHLETES)
 7:30 am - 9:00 am (JR HIGH ATHLETES)

The High School and Jr. High Sessions will begin at the same time.
 - Jr High will begin with speed/agility and finish with weight training
 - High School will begin with weight training and finish with speed/agility



THE COST FOR THIS 7 WEEK CAMP IS \$25

Athlete Name: _____

Sports: _____

Upcoming Grade: _____

Parent Name: _____

Contact Number: _____

Email: _____

Send Registration To:

Bullard Athletics
 Attn: Coach Bradford
 1426 South Houston Street
 Bullard , Texas 75757

*** You are more than welcome to drop off registration (signed) to Mrs. Wendy Smith at the Fieldhouse front office**

*** Please scan the QR Code in order to make your athletes payment**

Bullard SAC Camp

Led by experienced Bullard ISD coaches, the SAC Camp is a comprehensive athletic development program designed to build stronger, faster, more resilient athletes.

Program Focus:

Power & Strength: Athletes will participate in age and skill appropriate weight training to develop explosive power and functional strength. All sessions are closely supervised by coaches who place the highest priority on proper technique and safety.

Speed & Agility: Athletes will perform specialized drills focused on acceleration, change of direction, and top-end speed.

Flexibility & Mobility: Targeted exercises will improve muscle flexibility, joint mobility, and full range of motion.

Injury Prevention: Through enhanced flexibility, mobility, core strength, and proper movement mechanics, athletes will learn essential essential habits to reduce the risk of future injuries.

Disclaimer: I understand and agree that I will not hold Bullard ISD, its employees, or any camp staff liable for any damages, losses, or injuries that may result from my child's participation in the camp. I hereby grant permission for the camp staff to secure necessary medical treatment for my child if required.

PARENT SIGNATURE: _____