

SANGER INDIAN YOUTH FOOTBALL CAMP

2017

(INCOMING 1ST - 6TH GRADES)

CAMP OBJECTIVE:

THE SANGER INDIAN YOUTH FOOTBALL CAMP WILL PROVIDE FUNDAMENTAL FOOTBALL SKILLS IN A WELL SUPERVISED, ORGANIZED, AND ENTHUSIASTIC ENVIROMENT. OUR CAMP WILL BE RUN BY SANGER HIGH SCHOOL COACHES AND AND WILL GIVE EACH PARTICIPANT QUALITY FOOTBALL INSTRUCTION IN AN ATMOSPHERE THAT PROMOTES FUN AND COMPETITION.

EQUIPMENT:

NO FOOTBALL PADS WILL BE WORN. EACH CAMPER SHOULD BRING SHOES (CLEATS IF POSSIBLE), SHORTS, AND T-SHIRT. DRINKS IN NON-BREAKABLE CONTAINERS CAN BE BROUGHT. WATER WILL BE PROVIDED FREE OF CHARGE.

AGES:

THIS CAMP IS OFFERED FOR STUDENTS ENTERING 1ST - 6TH GRADES

DATES AND TIME OF CAMP:

JULY 26TH, 27TH, 28TH (WEDNESDAY - FRIDAY)

6:30 PM - 8:30 PM

COST OF CAMP:

THE COST OF CAMP IS \$40.00. THIS INCLUDES A CAMP T-SHIRT

**MAKE CHECKS PAYABLE TO: SANGER FOOTBALL CAMP

 **NO CHECK IS NEEDED IF YOU SIGNED UP FOR AND PAID FOR SANGER YOUTH FOOTBALL

2017 SANGER INDIAN YOUTH FOOTBALL CAMP REGISTRATION FORM

(PLEASE PRINT INFORMATION CLEARLY)

CAMPER NAME:	GRADE ENTERING:	<u>SHIRT SIZE:</u> S M L XL YTH 10-12 YTH 14-16
PARENT/GUARDIAN NAME:	PHONE:	
ADDRESS:		
PLEASE RETURN TO COACH FORD AT THE HIGH SCHOOL OR MAIL TO: COLE FORD SANGER HIGH SCHOOL 100 INDIAN LN SANGER, TX 76266		

MEDICAL RELEASE

I ASSUME ALL RISKS AND DO HEREBY WAIVE, RELEASE AND AGREE NOT TO HOLD RISK, THE ORGANIZERS, SUPERVISORS AND PARTICIPANTS RESPONSIBLE FOR ANY INJURY THAT MAY OCCUR WHILE PARTICIPATING IN THIS CAMP. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED STUDENT, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE OR WELLBEING OR MY DEPENDENT.

PARENT/GUARDIAN SIGRNAME: _____ DOCTOR TO NOTIFY: _____

MEDICAL PROBLEMS OF CAMPER: _____

"FOR THE TRIBE"