

SANGER INDIAN FOOTBALL CAMP

2017

(INCOMING 7TH, 8TH, 9TH GRADES)

CAMP OBJECTIVE:

THE SANGER INDIAN 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 7TH - 9TH GRADES

DATES AND TIME OF CAMP:

JULY 31ST - AUGUST 3RD (MONDAY - THURSDAY)

7:00 AM - 9:00 AM

COST OF CAMP:

THE COST OF CAMP IS \$60.00. THIS INCLUDES A CAMP T-SHIRT

**MAKE CHECKS PAYABLE TO: SANGER FOOTBALL CAMP

2017 INDIAN FOOTBALL CAMP REGISTRATION FORM

(PLEASE PRINT INFORMATION CLEARLY)

CAMPER NAME:

GRADE ENTERING:

PARENT/GUARDIAN NAME:

PHONE:

ADDRESS:

SHIRT SIZE:

S

M

L

XL

YTH 10-12

YTH 14-16

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 SIGNATURE: _____ DOCTOR TO NOTIFY: _____

MEDICAL PROBLEMS OF CAMPER: _____

"FOR THE TRIBE"