



YOUTH FOOTBALL CAMP

- ▽ **WHO:** Incoming grades 4th-6th
- ▽ **WHEN:** June 26th-28th
- ▽ **TIME:** 11:00-12:30
- ▽ **WHERE:** M.V.H.S.
- ▽ **COST:** \$60
- ▽ **WHAT:** Non-padded camp providing skills and techniques for every position.
- ▽ **BRING:** Cleats, T-shirt, Shorts, Water Bottle
- ▽ **REGISTER:** Send money and registration forms by June 5th to Mountain View High School Attention: Judd Benedick, Head Football Coach. Make checks payable to Mountain View Football Camp.
- ▽ **PROVIDED:** Camp T-shirt
- ▽ **QUESTIONS:** Contact Judd Benedick @ 895-8461

Information/Insurance

Players Name: _____

Fall Grade: 4th 5th 6th

Parent/Guardian: _____ **Phone:** _____

Email: _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Athlete Is Covered Under the Following Medical Insurance:

Insurance Company: _____ **Policy Number:** _____

1. The team physician, trainer or coaching staff may apply first aid until the family doctor, parent or guardian can be contacted:

Yes / No

2. We give our consent for coaches, trainers and team physician to use their own best judgment in securing medical aid and ambulance service in case the parents cannot be reached:

Yes / No

3. I hereby authorize the coaches, trainers and team physician to act for me in case of an emergency and release the summer program, camp and all staff members from any and all liability due to injuries or illness incurred while at the summer program, camp or other related functions:

Yes / No

4. I understand that Mountain View High School, Mountain View Camp and the summer program are not responsible for providing transportation to and from summer events:

Yes / No

Parent (Guardian) Signature: _____

Date



Notice of Risk

∇ We give _____ permission to participate in organized athletics, realizing that such activity involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility. On rare occasions these injuries can be so severe they result in total disability, paralysis or death.

∇ We the undersigned understand the dangers of practicing, playing and participating in sports. We also recognize the importance of the following instructions given by the coaching staff regarding playing techniques, training and obeying team rules. We specifically acknowledge we have carefully read and understand this notice of risk for athletes.

Athlete's Signature _____

Parent's (Guardian) Signature _____

