



# Placer football

## Kids Football Skills Camp

\$70

**ATTENTION!! KIDS ENTERING GRADE 3<sup>RD</sup>-8<sup>TH</sup>**

**Football Skills Camp**

**June 22-25th, 10am -12:30pm**

**Placer Football Teams Practice Field.**

**It's easy to sign up! Send check to Placer HS attention Teri Bequette.**

**You can also bring everything we need to the first day of camp**

**by 930am. 275 Orange Street Auburn, CA. 96503**



Participants Name: \_\_\_\_\_ Grade Next Fall: \_\_\_\_ Youth Shirt Size \_\_\_\_

(H) Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Medical Conditions that we should be aware of: \_\_\_\_\_

All students participating in summer sports programs must have their own health insurance or be covered by student accident insurance. Student accident insurance forms are available in the school office.

The student will be covered for one year from the time of purchase of insurance. To be covered during the summer programs, you must purchase either 24 hour or football coverage insurance.

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Group No: \_\_\_\_\_ Member No: \_\_\_\_\_

Policy in the Name of: \_\_\_\_\_

OR -

We have enrolled the above named student for the following coverage offered by Myers Stevens & Co., Inc. Coverage: \_\_\_\_\_ Issued: \_\_\_\_\_

**PLEASE READ INFORMATION CONSENT AND RELEASE AUTHORIZATION**

I, the parent/ guardian of the child whose name appears above, hereby authorization my child to participate in the program listed above. I agree to indemnify and hold harmless the PUHSD staff, PUHSD High Schools, their employees, students and volunteers from and against all liability for injury, accident or damages which may result from his /her participation in the above mentioned activity. I also agree that the PUHSD Staff may act as best fits the situation in case of emergency, illness or injury, if efforts to contact myself or other emergency persons fail.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM AND UNDERSTAND THAT MY CHILD'S PARTICIPATION ISPURELY OPTIONAL AND NOT A MANDATORY SCHOOL ACTIVITY.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOR MORE INFO SEE OUR WEBSITE**

**WWW.HILLMENFOOTBALL.ORG**

