

Incoming Frosh Football CAMP SESSION

JUNE 5th—June 29th

MONDAY THRU Thursday

3-5 pm

Incoming 9th Grade

Method of Payment:

Check Amount: _____

Cash

Authorized Signature: _____

Placer Adult School Use Only Course Code: _____ Date Registered: _____

Participants Name: _____ Grade Next

Fall: _____

(H) Phone: _____ Address: _____

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 IS PURELY OPTIONAL AND NOT A MANDATORY SCHOOL ACTIVITY.

Parent/Guardian Signature _____

Date _____

Camp Sessions

Cost: \$75

Cost includes a T-shirt

Four Days a week of weight training, and introduction into

Offensive and Defensive

Schemes and techniques of

Placer Football

Please send checks to 275 Orange Street Auburn, CA. 95603

Make checks payable to Placer Football