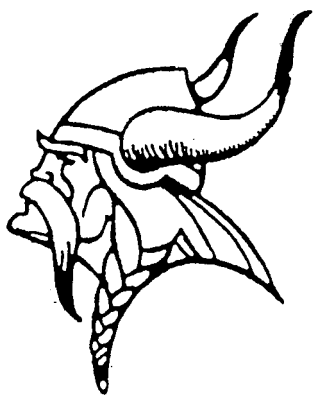


5TH - 8TH GRADE FOOTBALL CAMP

July 30th - August 1st, 2012



**Sponsored by
Parker Toyota**

PARENT RELEASE

I, _____, natural parent and/or legal guardian of _____ (child's name) a minor, do hereby release the CHS Football Camp, its agents and employees, from any and all liability should there be any injury to my child in the care of the CHS Football Camp personnel. I further give the CHS Football Camp personnel the authority to take any action deemed necessary in their judgement in the event they are unable to contact me and there has been an injury, either minor or major, to my child. I have fully read and understand the contents of this authorization and release and I am signing the same of my own free will. Dated this _____ day of _____, 2012

Signature of Parent

REGISTRATION FOR THE 2012 5TH - 8TH GRADE FOOTBALL CAMP

NAME: _____ GRADE _____ SCHOOL _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ INSURANCE COMPANY: _____ POLICY #: _____

EMERGENCY CONTACT: _____ PHONE: _____

T-SHIRT SIZE (ADULT SIZES) XXL XL L M S

MAKE CHECKS PAYABLE TO: CHS FOOTBALL CAMP
PLEASE SEE OTHER SIDE FOR RELEASE INFORMATION

CAMP COST:

\$50.00

- INCLUDES EQUIPMENT CHECK-OUT (HELMET & SHOULDER PADS ONLY) FOR FOOTBALL.
- ADDITIONAL IMMEDIATE FAMILY REGISTRATION (AFTER ONE) IS HALF-PRICE.
- **LATE REGISTRATION**
July 29th 5:00 PM – CHS GYM

*EACH CAMPER WILL NEED TO PROVIDE THEIR OWN PRACTICE JERSEY, CLEATS, LOWER PADS FOR FOOTBALL.

CAMP FEATURES

- ✓ CAMP HELD AT CHS
- ✓ GREAT WARM-UP FOR JR. TACKLE LEAGUE
- ✓ CAMP T-SHIRT
- ✓ LUNCH PROVIDED
- ✓ COACHED BY CHS STAFF AND PLAYERS
- ✓ GREAT FOR FIRST TIME PLAYERS
- ✓ FUN LEARNING ENVIRONMENT

FOOTBALL CAMP SCHEDULE

July 29TH
5:00 PM - EQUIPMENT CHECK-OUT

JULY 30TH - AUGUST 1ST

10:00 AM – 12:30 PM PRACTICE

12:30 PM – 1:30 PM LUNCH

PLEASE SEND ONLY THE CAMP REGISTRATION AND RELEASE FORMS WITH YOUR PAYMENT TO:

**CHS FOOTBALL CAMP
N 5530 4TH STREET
COEUR D'ALENE, ID 83815**

***PLEASE MAIL AS SOON AS POSSIBLE**

FOR MORE INFORMATION CONTACT
SHAWN AMOS @ 667-4507

Please keep for your records:

Name _____

Amount paid _____ Date paid _____

Method of payment _____ Check # _____

Jr. Viking Football Camp