

Clark Brothers' Football Camp 2012

June 23-24

*PLEASE PRINT AND FILL OUT THIS FORM. MAIL IT IN BY MAY 25, 2012 TO:
Clark Brothers' Football Camp

Box 44

Livermore, Iowa 50558

*COST IS \$50.00 PER CAMPER, make checks payable to: dallas clark foundation
(Please no cash)

- **WHO:** Grades 7-12 (going into 7th grade)
- **WHERE:** Humboldt High School (practice fields behind the high school)
 - **WHEN:** Saturday & Sunday June 23-24, 2012
Saturday: 8:30am-1pm Sunday: 3pm-7pm
- **WHAT:** Teaching the skills and fundamentals to play the game of football at a higher level.
 - **BRING:** Shorts, Shirt, Football Cleats
 - Every camper receives a T-Shirt and Shorts

Cut Here

NAME: _____

SCHOOL: _____

GRADE: _____

SHIRT SIZE: _____ SHORTS SIZE: _____ POSITION: _____

Release of Liability

In consideration of being permitted to participate in the Clark Brothers Football Camp, I hereby release all the coach's from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending and/or being transported to or from the camp.

I hereby authorize and give my consent to the staff of the camp to act on my behalf to secure medical treatment for the administration of all emergency medical treatment. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all cost related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this camp.

Parent's/Guardian Signature _____ Date _____

Parent's/Guardian Name(print) _____

Address _____ City _____ Zip _____

Emergency Phone # _____

Insurance Company _____

Insurance Company address _____

Policy No. _____