

Clark Brothers' Football Camp 2013

June 22-23

*PLEASE PRINT, FILL OUT, AND BRING FORM TO CAMP:

*COST IS \$75.00 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 22-23, 2013
Saturday: 9am-1:30pm Sunday: 1pm-5pm
 - **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
- _____Cut Here_____

NAME: _____

SCHOOL: _____

GRADE: _____

SHIRT 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. _____