



COMSTOCK PARK YOUTH FOOTBALL TEAM CAMP 2019



- WHO:** 3rd - 8th GRADE STUDENTS (STUDENTS WHO WILL BE IN THESE GRADES IN FALL 2018)
- WHEN:** JULY 24, 25 FROM 6:00 PM – 8:00 PM
- WHERE:** COMSTOCK PARK HIGH SCHOOL PANTHER STADIUM
- COST:** \$ 40.00 PER ATHLETE *** ATHLETES WHO ATTEND ALL SESSIONS WILL RECEIVE T-SHIRT
- WHAT YOU NEED:** PLAYERS SHOULD ATTEND CAMP IN T-SHIRT, SHORTS, SOCKS AND PROPER SHOES: TENNIS SHOES OR CLEATS

PLEASE RETURN REGISTRATION AND FEE BY JULY 16TH

YOU CAN MAIL THE REGISTRATION AND FEE TO THE ADDRESS BELOW:

PLEASE MAKE CHECKS PAYABLE TO: **COMSTOCK PARK FOOTBALL**

COMSTOCK PARK FOOTBALL CAMP

5777 PEACH RIDGE NW

COMSTOCK PARK, MI 49321

IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT COACH JOHNSON BY EMAIL AT: coachnatesanders@gmail.com

NAME: _____

AGE: _____

ADDRESS: _____

CITY AND ZIP: _____

DATE OF BIRTH: _____

PHONE: _____

GRADE FALL 2019: _____

EMERGENCY CONTACT AND PHONE: _____

T-SHIRT SIZE (ADULT SIZES) SM MED LG XL XXL

MEDICAL RELEASE

I,THE UNDERSIGNED,STATE THAT MY CHILD _____ IS OF SOUND HEALTH AND IS ABLE TO PARTICIPATE IN ALL CAMP ACTIVITES WITHOUT ANY PHYSICAL DURESS. I STATE THAT MY CHILD HAS RECEIVED THE PROPER PHYSICAL EXAM DURING THE PAST YEAR AND WAS FOUND TO BE IN GOOD HEALTH. I WAIVE THE CAMP STAFF OF ANY LIABILITY IN THIS AREA. I UNDERSTAND THAT THERE IS NO INSURANCE COVERAGE PROVIDED BY THIS PROGRAM AND ACCEPT FULL RESPONSIBILTY FOR ANY AND ALL COST THAT MAY INCURRED AS THE RESULT OF INJURY RELATED TO PARTICIPATION IN THIS PROGRAM. I HEREBY GRANT PERMISSION TO THE COMSTOCK PARK FOOTBALL STAFF TO SEEK APPROPRIATE MEDICAL TREATMENT IN EVENT OF A MEDICAL EMERGENCY.

PARENT OF GUARDIAN SIGNATURE: _____

DATE: _____