

# PIRATE YOUTH FOOTBALL CAMP



**AUGUST 21, 2021**



This is a 1-day football clinic that will help youth entering grades 5-8 learn the fundamentals of the game of football. The clinic will be instructed by the Phoenix High School Football Coaching Staff. This is a non-contact camp where players can learn fundamentals of football and have fun! Players will be divided into groups by grade level and instructed accordingly by our staff for both defense and offense.

**Time: 9:00am-11:00am**

**Location: Phoenix High School PTS Rising Field**

**Grades: 5th -8th**

**Cost: \$20 including tee**



**Additional Information Contact:**

**Michael Robinson: [kingschild27@yahoo.com](mailto:kingschild27@yahoo.com)**

**Dave Ehrhardt 541-535-1526**



# Camp Registration

Please email this form to: [dave.ehrhardt@phoenix.k12.or.us](mailto:dave.ehrhardt@phoenix.k12.or.us)

Or mail to

Coach Mike Robinson

PO Box 697

Phoenix, OR 97535

***Make checks payable: Phoenix HS Football***

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Payment Method: cash \_\_\_\_\_ check \_\_\_\_\_ Amount \_\_\_\_\_

Tee Shirt Size(circle one) Youth S M L XL Adult S M L XL

Family Health Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

I understand there are risks/dangers involved with participation in athletic activities and their associated activities. By signing below, I agree to hold harmless Phoenix-Talent School District, it's affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers.

In case of an accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. If a life- threatening emergency exists, I give permission for school staff to secure medical treatment immediately and then contact me as soon as possible, thereafter. I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date