
2022 BLACK



KNIGHT FOOTBALL KID'S CAMP



**Thursday, July 14th
6:00 to 8:00 PM**

For Farmington School District students entering Kindergarten thru 6th Grade
Cost: \$10

The one-day camp will be conducted at Haile Stadium and the FHS Fieldhouse, located in the north end zone of the football stadium. The camp will include instruction in offensive and defensive fundamentals, as well as a tour of the facilities and introduction to Black Knight Football.

NAME: _____

ADDRESS: _____

CITY: _____

GRADE (2022-23): _____

PARENT NAME: _____

PARENT PHONE #: _____

Please Return Form and Payment (checks payable to Farmington Football) to:
Farmington High School Football, 1 Black Knight Drive, Farmington, MO 63640

Questions can be directed to head football coach Erik Kruppe: ekruppe@farmington.k12.mo.us

Please see back of form for Waiver of Liability and Medical Consent form

Black Knight Football Kids Camp

Name of Camp or Activity

Haile Stadium / FHS Fieldhouse

July 14, 2022

Location

Date

Waiver of Liability and Release

I, _____, the parent or legal guardian of
(print parent name)

_____,
(print child's name)

In consideration of my child being allowed to use Farmington R7 School District sponsored activities, I assume any and all risks, including risk of injury or death, associated with my child's participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against Farmington R7 School District and its officials, employees and agents for any injuries suffered by me or my child in connection with participation in Farmington R7 School District sponsored activities and transportation. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring legal action or to assert a claim against Farmington R7 School District.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment of Minor Children

I, _____
(print parent name)

the parent or legal guardian, hereby give my permission that my child,

(print child's name)

may be given emergency treatment to include first aid and /or CPR by a qualified representative of Farmington R7 School District. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____