



## 2019 Lamphere Football Youth Camp

For kids **entering grades 3-8**, we are offering a camp for those interested in playing Football. The camp will be both fun and fundamental. Coach Jeff Glynn along with his energetic and experienced coaching staff will work with current and former Rams to help build up local youth through Football. We will learn techniques, drills, play games, and compete, with a promise that it will be fun! Each camper will also receive a t-shirt.

Dates: July 29 – 31 6:00 to 8:00 p.m.

Cost: \$50.00

Location: Borovick Field, Lamphere High School

### Register by July 12 to receive a t-shirt!

T-shirt Size (circle one)

Youth:              Name of Small    Medium    Large

Adult:             Small    Medium    Large    X-Large

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ 2019/2020 Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Make check payable to **Lamphere High School**

Russ McKenzie

Mail with forms to: 610 W. 13 Mile Road  
Madison Heights, MI 48071

Lamphere is not responsible for lost or stolen property



Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

**Consent to Treat**

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY)

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List any medication currently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

**In case of emergency please contact:**

_____ Name	_____ Daytime phone
_____ Name	_____ Daytime phone
_____ Medical Insurance Company	_____ Phone
_____ Insurance Policy Number(s)	

I hereby give my permission for LHS sports medicine athletic trainers, and staff to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to \_\_\_\_\_ (name of camper) by a medical treatment provider. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

\_\_\_\_\_  
Signature (Parent or Guardian) Date



# The Lamphere Schools Media Release Form

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Principal's approval, occasionally, staff, parents and local media cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom and club web pages.

By signing below, you agree that you have been notified of the possibility that your student may be included in photographs or video and authorize the use for public print, display or broadcast.

Please indicate your preferences by checking the appropriate box.

☐

I do give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

☐

I do not give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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