CLARK SPRING FOOTBALL PRACTICE

**May 6-10 & 13-17, 2019**

**PRACTICE TIME (5:30 - 7:30PM)**

\*10 DAYS OF ATTENDANCE IS EXPECTED

-CONTACT COACH LUGINBILL OR COACH ANDERSON W/ CONFLICTS

**ALL INCOMING (2019) 7TH GRADERS & CURRENT (2019) 8TH GRADERS SHOULD ATTEND**

ATTIRE: SHORTS + T-SHIRT (PE SHIRT OR SHIRT W/ NAME WRITTEN ON BACK) + CLEATS

Please fill out registration form below and **bring to practice Monday May 6th**

2019 SPRING FOOTBALL PRACTICE REGISTRATION FORM

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School previously attended/Current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph#1 (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph#2(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #1: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail for Hudl Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the precious 24 months, either directly or indirectly with School "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

My son/daughter has permission to participate in the Spring football practice. Should it be necessary for my child to have medical treatment while participating at the camp, and if the camp is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my son/daughter. I also understand that there is an injury risk with participation in sports and release CUSD and camp employees of any liability.

Parent's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_