**SUMMER FOOTBALL CAMP**

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| **July 10 - 14, 2017** |

**Who: 7th & 8th graders**

**Location: CHS Freshman field**

![MCj02925060000[1]]()**Time: 9:00 a.m. – 11:00 a.m.**

**Cost: $25.00**

**8th Grade Coach – Jeremy Luginbill**

 **jeremyluginbill@cusd.com**

**7th Grade Coach – Jason Anderson**

**jasonanderson@cusd.com**

**Pre registration forms can be sent to**

**Clark Intermediate 902 5th St. Clovis 93612 (Attn: Bobby Mammen)**

**Please fill out registration form below and return**

 **2017 SUMMER FOOTBALL CAMP PRE-REGISTRATION FORM**

Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the player attended **Spring Practice**, all we need filled out is Student’s name, Parent’s name, & Parent’s signature

\*update form ONLY if information has changed

School previously attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to CLOVIS UNIFIED SCHOOL DISTRICT.**

**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 Summer football camp. 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 signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_